



Our Financial Policy

Provided the appropriate insurance information is provided to our staff, we will accept assignment of insurance benefits upon verifying coverage with your insurance company. However, we do require your deductible and co-payment (usually 20-50%) to be paid at the time of service. All important information (social security or insurance identification number of the insured) will be required to bill your insurance company. If we cannot contact your insurance company, for any reason, to verify coverage and benefit information, you will be responsible for 100% of the charges. You are responsible for informing us of any insurance changes and knowing the terms of your insurance policy. Failure to do so can result in insurance non-payment for services rendered.

By Florida law, after one year from the date of service, insurance companies will not make payment and you will be responsible for any balances on the account caused by this non-payment. Please remember, your insurance policy is a contract between you and your insurance company; we are not a party to that contract. If your insurance company has not paid within 60 days, the full balance will be automatically due and payable by you. For overdue balances beyond 60 days, a finance charge of 1.5% per month or 18% per year (or the maximum allowed by law, whichever is greater) will be charged to your account.

After 90 days any account(s) with unpaid balance(s) will be forwarded to a collection agency of our choice. Thus collection fees charged plus an assessed fee of \$25 (minimum) or 10% of the account balance whichever is greater, will be your responsibility and added to your account.

Usual and Customary Rates

Our practice is committed to providing the best treatments and we charge what is customary and reasonable for our area and for our company's maintenance. You are responsible for difference in payment regardless of any insurance company arbitrary determination for usual and customary rates.

Broken Appointment/Cancellation Policy

When an appointment is scheduled, it is reserved just for you. It is financially planned to cover the company's expenses (staff pay, mortgage/rental, equipment leases, etc). We have paid an appointment management software company, **Televox**, to call or contact, 48 hours prior to your appointment, you accordingly:

(A) phone number(one only) _____ and/or

(B) E-mail (one only): _____

Thus, if you call to cancel or reschedule with less than 24-hours notice (office hours only) or do not show for an appointment, you will be charged \$75.00 for the broken appointment. This fee must be paid before future appointment will be made. Informing us, in a timely manner, of any changes to the above contact information is your responsibility.

I have read the financial policy. My signature indicates that I understand and agree to the above statements.

Print Name of Parent/Responsible Party: _____

Signature of Parent/Responsible Party: _____

Child's Name: _____