



Financial Agreement

- Family "Responsible Party" is responsible for the total amount of any charges for services provided.
- Payment is due at the time of service for initial evaluations and consultations, unless otherwise agreed upon.
- Payment for other services is expected within 30 days after the invoice date, which are sent monthly. If an invoice remains unpaid for 60 days, the 'responsible party' understands and gives SensAble Kids, P.C. permission to automatically bill the credit card on file for the total amount due. Services may be placed on "hold" until balance is settled.
- Cash, checks, or credit cards (Visa and Master Card) are accepted payment options. Automatic payment, via credit card, can occur each billing period. A receipt will be sent along with the paid invoice.
- SensAble Kids requires 24 hours notice to cancel and/or reschedule an appointment. Responsible party will be charged \$50 for cancelled appointments with less than 24 hours' notice. If a family "no-shows" for their appointment, they will be charged \$100 regardless of cancellation rate. If the child wakes up sick or in case of inclement weather, please contact the office at 773-697-7333. You may also email the office at office@sensablekids.com before 8:30am and each circumstance will be taken into consideration before assessing a late fee.

A copy of the "Responsible Party's" driver's license and/or valid state identification card must remain on file.

- A current credit card number and signature must remain on file at all times for all clients:

Credit Card (circle one): Visa or Master Card #: _____, Expiration (month/year): _____

Name as it appears on the credit card: _____ Authorized Signature: _____

Billing Zip Code: _____ CVV Code: _____

No, I do not wish to have the listed credit card billed directly each billing period. However, I understand that a credit card must still remain on file with SensAble Kids, P.C., Inc and that any outstanding balance of an invoice (e.g., co-payments, patient portion and/or balance of insurance denials) that remains unpaid more than 60 days may be billed to the credit card on file.

Yes, I do wish to have the listed credit card billed directly co-payments, patient portion and/or balance of insurance denials for each billing period. A receipt will be sent along with the paid invoice each month.

• Insurance

-Billing discounts may be available to families who do not submit to insurance and pay out of pocket

-Verification of benefits does not guarantee payment by the insurance provider. Families should receive an Explanation of Benefits (EOB) from their insurance provider; however, upon any denial of claims, SensAble Kids, P.C. should notify the family regarding the status and appeal process. After a final denial or partial payment from your insurance provider, SensAble Kids, P.C. requires that the balance be paid in full within 30 days. **Families are responsible for providing information regarding any changes in insurance status/policy or will be responsible for the full amount of any claims denied.**

I DO NOT intend to file claims for therapy services to my health insurance and instead pay SensAble Kids, P.C. in full for services provided. A "Billing Discount" will appear on invoices and must be paid within 30 days or the entire balance will be due.

I allow SensAble Kids, P.C. to file claims for and in consideration of the provisions of speech/language and/or occupational therapy services. I hereby assign, transfer and set over to SensAble Kids, P.C. all of my rights and interests in insurance benefits for the services rendered and authorize payment to be made directly to SensAble Kids, P.C.. I understand co-payments, patient portion and/or balance of denied claims or partial payment are my responsibility and must be paid within 30 days after the invoice.

A clear copy of the insurance card(s) (front and back) must be provided

- In the event the account becomes delinquent and is, therefore, in default of payment past the 30 days. The family or responsible party accepts responsibly for the principal amount owing, as well as all reasonable costs associated with the collection of this debt. This includes, but is not limited to, collection service fees, attorney's fees and all court costs and additional legal fees associated with the recovery of this debt. Interest may be charged at a rate of 1.5% per months (18% annually) for unpaid balances over 60-days old.
- If you have any questions regarding an invoice, payment or current balance, please contact our billing department at 773-697-7333.

SENSABLE *kids*

I/we have received the billing information and understand that I/we am/are responsible for payment of services rendered. I/we therefore assume financial responsibility as stated above and responsibility for all collection and legal fees if my account becomes past due. I/we have read, understand, and agree to this "Financial Agreement".

Child's Name: _____ Date of Birth: _____

Signature(s) of Responsible Party

Date