



FINANCIAL POLICY

Thank you for choosing aMAYZing Kids. If you have any questions along the way, please do not hesitate to ask one of our staff members and we will do our best to serve you.

Co-pays and/or payment towards un-met deductibles are due at time of service. aMAYZing Kids requires patient to provide a credit card to keep on file in our secure billing software. Please be prepared to provide the front desk with a credit card to keep on file at your first appointment.

As you know, therapy time is extremely valuable. We understand situations out of your control pop up. Please read and initial our cancellation policy so you don't have any surprises down the road.

Initial_____ Evaluation: If you fail to show for your 1st appointment without notification or cancel within 3 hours of appointment you will be unable to reschedule.

Initial_____ Therapy Session: Please give us a 24 HOUR NOTICE if you cannot make your appointment. We do understand the emergencies occur. Late cancels same day of appointment- \$25.00 (less than 6 hours). No show/no call appointment time - \$50.00.

Initial_____ Therapy Session: Two "no show" cancellations or habitual cancellations will result in the loss of a reserved treatment time slot and/or your child being discharged from therapy.

Initial_____ Therapy Session: Be aware you child's therapist cannot extend the therapy session if you are late.

Initial_____ Therapy Session: Extended absences that require a child to miss 3 or more weeks in a row of appointments will result in the loss of scheduled treatment time slot.

CLIENT NOTICE OF FINANCIAL RESPONSIBILITY- Please INITIAL EACH LINE AND SIGN AT BOTTOM

Initial_____ Financial: aMAYZing Kids will file insurance claims with your insurance carrier. All parents are expected to know and understand their coverage and benefits for therapy services. A quote of benefits from your insurance company is not a guarantee of payment. In the event your insurance chooses not to pay for services charges become patient responsibility.

Initial_____ Financial: Please provide aMAYZing Kids with a copy of your insurance card each time you receive a new card and/or your insurance information changes. We can only bill the insurance we have on file.

Initial_____ Financial: Checks returned for insufficient funds, will result in a \$35 fee in addition to the original balance.

I have read the above and hereby accept all responsibility for the evaluation and treatment costs incurred by my child. The undersigned certifies that he/she has been provided the evaluation and treatment costs, is the responsible party and accepts these terms.

Signature of legal representative of child

Date

Printed name of legal representative