



Financial Agreement Form

Our practice is committed to providing the best treatment for our patients. Patients are responsible for all charges from treatments provided by Sensory Kids, LLC. As a service to you, we will bill most insurance carriers directly. However, primary responsibility for the account is yours. Providing correct insurance billing information is the responsibility of the patient. If your insurance changes, please present your insurance card at your next visit.

Minors:

The undersigned will agree to be responsible for payment of balance for services rendered to minors.

Insurance Billing:

Please be aware that some or perhaps all of the services you receive may be non-covered services and are not considered reasonable and necessary under your insurance plan. In this instance, you will be responsible for payment.

No Insurance:

Payment for services is due at the time services are rendered unless payment arrangements have been approved in advance by our staff.

Cancellation Policy:

Your appointment time is especially reserved for you. If you need to cancel for any reason, you must allow us at least 24 hours advance notice. Failure to do so will result in a 50% service charge to your appointment. In trying to do our best to serve you we recommend that you always reschedule and confirm your appointments before leaving the office.

Payment Agreement:

I will pay _____ for each session of _____

Provided at the office on behalf of Sensory Kids, L.L.C.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance and/or payment arrangements.

I understand and agree that (regardless of my insurance status); I am ultimately responsible for the balance on my account for any professional services rendered. I have particularly agreed to pay _____ for each session of _____ services. I have read all the information on this sheet and I will notify you of any changes that might interfere with this financial agreement.

Signature (Parent or Guardian)

Date

Print (Name of Child)

Date