



Add Therapy Center



Financial Policy

As a courtesy to all patients, we will call to verify benefits and will make reasonable effort to collect from your insurance company, should you choose to utilize insurance. Please understand, however, primary responsibility for understanding coverage limits belongs to the parent. There are instances when insurance may deny benefits (deductible not met, services not covered under the plan, etc.) and you will then be responsible for payment. In the event that insurance denies payment, the family may wish to appeal the matter to their insurance company, and we will support the parent in their effort. Any payment which is deemed to be due from the parent (private pay/co-pays) is due at the time of the service.

If a payment plan is required, those terms will be provided to you in writing and agreed upon by both Add Therapy Center and the person responsible for patient's bills. Please inquire with our office administration regarding rates for services.

Notification of Insurance Changes/Renewal Policy

Add Therapy Center must have **current** information on file regarding Insurance at **all** times. It is the responsibility of the parent/guardian to know of any and all changes that may occur in your insurance policy. It is also the responsibility of the parent/guardian to be sure that **Add Therapy Center** is aware of any and all changes to the policy at or before the time that they go into effect.

Please note: that many insurance policies change on January each year, however they can change at any time.

***Notification of Change: All changes must be directed to the Clinic Administration Staff and appropriate insurance card and identification provided**

ALL PAYMENTS AND OUTSTANDING BALANCES ARE DUE AT THE TIME OF SERVICE

We thank you in advance for your cooperation, and invite you to call the Clinical Director with any questions that you may have about billing.

I have read and agree to my financial responsibility for the services provided to me by Add Therapy Center. This also certifies that the information I have provided to Add Therapy Center, to the best of my knowledge, is true and accurate. I authorize my insurance carrier to pay Add Therapy Center the full and entire amount of the bill incurred by my child.

Child's Name

Signature of Parent or Guardian

Date



24 Hagerty Boulevard, Unit #L West Chester, PA 19382
(484) 630 3474