



OFFICE USE ONLY	
ID	
DATE	
OTHER	

PAYMENT POLICY

Thank you for choosing **THERA-PLAY, PLLC** for your child's therapy services. We are committed to helping your child reach the goals of his/her individualized treatment plan. Our services, including travel and specialized therapy materials, depend on the timely payment of accounts. Please read, sign and initial this policy to indicate your understanding and agreement.

FULL PAYMENT IS DUE BY THE 5th OF THE MONTH, UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE.

BILLING: Sessions are billed weekly. Your monthly bill should be paid at the end of the month, no later than the 5th of the following month. If your payment is not received by the 5th of the following month, services will cease until payment is received. initial

CANCELLATIONS: All canceled appointments will be rescheduled if possible. Missed appointments impact your child's progress on therapy goals. Please review the policy below:

Canceled by you with 24 hour notice: rescheduled session at a time that the therapist is available.

Canceled by you with **no prior notice** ("no show"): session will be charged \$25 for "now show".

- If the child is absent from school or other facility on the day of a scheduled **THERA-PLAY, PLLC** session, and you have not given prior notice of the absence directly to the therapist, the session will be charged \$25. initial

Canceled by the therapist: rescheduled session at a time that the therapist is available.

If you or your child arrives late to an appointment, the session will end at the regular session time and you will be responsible for the full session fee.

ATTENDANCE/MISSED SESSIONS: If your child misses 3 unscheduled sessions without prior notice and/or "no shows" your therapy services will be placed on hold until a more appropriate time for consistent attendance. initial

OTHER BILLED SERVICES: **THERA-PLAY, PLLC** offers and provides additional services, which includes screenings, observations, evaluations, reports, and attending parent-teacher conferences. These services will be billed in addition to the therapy session charges.

PAST DUE ACCOUNTS: Please make timely payments to your account to ensure continuation of services for your child. In the event that an account becomes past due (i.e., not paid by the 5th of the month), your child's therapy services will cease until payment is received.

METHOD OF PAYMENT: You will receive an electron invoice from FRESHBOOKS. We accept many forms of payment:

Cash: Exact change required.

Personal Check: Make payable to **THERA-PLAY, PLLC**. Returned check fee: \$35.

Credit/Debit Cards.

Please indicate your understanding and agreement to this payment policy by signing below.

PARENT/GUARDIAN SIGNATURE

DATE