Dynamic Therapy
FOR KIDS

phone 919-363-5000
fax 919-363-5346
2920 Ridgepine Drive
Apex, NC 27502

www.dynamictherapyforkids.com

FINANCIAL POLICY

Payment expectations
Payment is due upon receipt of invoice.
Patient accounts will be billed on the first and the third Friday of each month.
Payments for home / daycare visits can be made in one of the following methods. (please indicate preferred method)

_____auto draft of credit card and HSA card. CC numbers will be kept in locked file. Credit cards will be manually run on the first and third Friday of each month. Families will be sent a receipt by email or mail.

_____ payment through Dynamic Therapy paypal account via paypal or with your credit or HSA card. Families will receive an invoice for services via pay pal. Payment is due within one week of receipt of paypal invoice.

-the only checks that will be accepted are via wire transfer through your bank on an exception basis (i.e. if your HSA account is via your bank checks). Please contact Dynamic Therapy if this is your only method of payment.

Dynamic Therapy for Kids accepts Visa, MasterCard, Discover, HSA cards

Late payments
Dynamic Therapy for Kids will charge a 3% late fee for all unpaid bills over 30 days past due
Dynamic Therapy for Kids will send accounts to collections for all bills over 60 days past due and the patient will be discharged from therapy services

Other fees
Dynamic Therapy for Kids will charge 25.00 for each letter of medical necessity/insurance appeal letter/insurance justification letter
Dynamic Therapy for Kids charges a minimum of 15.00 for printing and mailing patient records
Dynamic Therapy for Kids will require a family to pay privately for their therapist to attend any IEP or other meetings/trainings related to the patient which are not billable to the insurance company at the private pay rate of 120.00 per hour
Dynamic Therapy for Kids will charge a 25.00 fee for any returned checks, or stop payment notices in addition to the original fee. Insufficient funds checks will not be reprocessed; payment must be made by cash or money order.

By signing below you understand, agree and accept the terms of our policy.

Patient's name_____

Parent signature_____