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FOR KIDS

www.dynamictherapyforkids.com

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## FINANCIAL POLICY

## **Payment expectations**

Payment is due at the time of service or upon receipt of invoice.

For home/daycare visits, we require credit card number to be on file in order to expedite billing of co-pays, deductibles, or non-payments. Receipts will be emailed or mailed to you after credit card has been billed

Dynamic Therapy for Kids accepts Visa, MasterCard, personal checks, or HSA/Flex Spending cards in person or over the phone

Patient credit cards that are kept on file will be run at a minimum bi-weekly

## **Late Payments**

Dynamic Therapy for Kids will charge a 3% late fee for all unpaid bills over 60 days past due

Dynamic Therapy for Kids will send accounts to collections for all bills over 90 days past due and the patient will be discharged from therapy services

## Other fees

Dynamic Therapy for Kids will charge a \$40.00 same day cancellation fee 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

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 acc	cept the terms of our policy
Signature:		Date: