



## Payment Policy

The total amount of the initial evaluation is due upon the time that service is provided. After this initial charge, services will be billed on a monthly basis. This will take place on the last day of each month and payment will be due in full. A receipt of this bill will be emailed to you and will have the proper documentation in order to submit to an insurance company.

In addition to the weekly appointments, there will be a charge for any other professional services you may need. This charge will be prorated from the hourly amount depending on the time needed to complete this task. This includes but is not limited to: additional reports or updates needed, reading over IEP reports or attending IEP meetings, and any phone conversations lasting 20 minutes or more.

*We ask for 24 hours notice of all cancelled appointments. While consistent weekly therapy yields the best outcomes we understand that some appointments may be missed for a variety of reasons. If you are aware of a school field trip, vacation, or special occasion approaching that will cause your child to miss their weekly appointment please provide as much advance notice as possible. If you cancel within the 24-hour period there is a \$60.00 charge. We also understand that children sometimes wake up ill, if this is the case please email your treating therapist, to cancel by **8am** to avoid the late cancel charge. (Please advise that your child must be fever/symptom free for 24 hours prior to their session. Failure to follow this health department guideline may result in the \$60.00 charge.) As we are a medical practice, we do not follow any school system holiday or snow day. On federal holidays or snow days please assume FUNdamentals and Building Blocks is open unless you hear otherwise from the treating therapist. A no-show or late cancelation will result in the \$60.00 charge.*

I have read the statement above and understand my payment responsibilities as they relate to FUNdamentals Pediatric Occupational Therapy Services, LLC.

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Client Signature

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Date



### Credit Card Form

I \_\_\_\_\_, acknowledge and accept full and complete responsibility for prompt payment of all services provided to, or on behalf of, \_\_\_\_\_ by FUNdamentals Pediatric Occupational Therapy Services, LLC.

I hereby give my permission to FUNdamentals Pediatric Occupational Therapy Services, LLC to charge my credit card provided below in order to process payments for my child.

\_\_\_\_\_  
Client/Parent

\_\_\_\_\_  
Date

Credit Card (Please Circle):    VISA        MASTERCARD

Name as it appears on the card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Address associated with card: \_\_\_\_\_

Client Signature: \_\_\_\_\_