

Wellington-Alexander CENTER

DYSLEXIA ASSESSMENT & INTERVENTION

FINANCIAL POLICY

Assessments, T/U and Speech/Language Non-Intensive Therapy

Billing Information

- Invoices will be prepared on a weekly basis, or as necessary.
- **Payment is expected on the day of service.**

Intensive Therapy

Billing Information

- At the time you commit to services, **a non-refundable deposit of \$500.00 will be collected to reserve a space for Intensive Therapy on a first-come-first serve basis for the client.** This amount will be applied to your first week of therapy.
- All intensive charges will be calculated on a weekly basis, and must be paid in advance. This allows us to control the cost of billing, lower the cost of services provided, and reserve a space for your child in the following week's schedule.
- **Payment is due on Friday of the current week for the following week's treatment.** The future weeks' charges are estimated, therefore, if changes are made, the adjustment will be applied to the future week of service or refunded, if the program has ended.
- **I understand if the payment is not made, therapy may be put on hold.**
- I expect to pay for missed therapy sessions, unless my child becomes seriously ill, or in the event of a family emergency.
- Full payment is due for missed sessions. If possible, Wellington-Alexander Center will try to reschedule the missed hours. Please help us serve you better by keeping your regularly scheduled appointments.
- I understand that should my balance become past due, I will incur late fees of \$15.00 per week.

Financial Responsibility for *all types of service*

- I understand that **all** charges are my responsibility, and shall remain so until paid in full. I acknowledge that this financial agreement will be in effect throughout the duration of **all** therapies provided.
- I understand that this agreement is between Wellington-Alexander Center and me only. We will not seek payment from anyone, but you. We do not do any third-party billing. It is your responsibility to seek reimbursement from any third party.

- After services have been rendered, and payment has been applied, a copy of the paid invoice will be emailed to you. This is the document you may use for submission to your insurance company for any possible out-of-network reimbursement to which you may be entitled. If additional information is requested by your insurance company, you will be responsible to submit that information. We will provide you electronic copies upon your request.
- I will be provided with written reports documenting the need for services. If my insurance company requests additional information, including but not limited to: the time required to collect therapy notes, make copies, send faxes, and conduct phone consultations, the first 15 minutes will be complimentary. There will be a \$25.00 charge for every quarter hour thereafter. The requested information will be forwarded upon receipt of payment.
- I understand that I will be charged for collaboration, and communication with a third-party professional (i.e. psychologist, pediatrician, counselor, etc.). The first 15 minutes will be complimentary, and there will be a \$25.00 charge for every quarter hour thereafter.
- I understand that Wellington-Alexander Center cannot provide the insurance company with documentation of charges for missed sessions.

By my signature below, I agree to pay all costs of collecting my account balance, including but not limited to: court costs, collection agency fees, and/or attorney fees.

Further, I have read and understand the Financial Policy, and agree to abide by its guidelines.

As the responsible party, I am authorized to sign this form.

Responsible Party/Relationship

Patient

Wellington-Alexander Center

Date