**Conditions of Service**

Welcome and thank you for choosing Pathways Pediatric Therapy for your children’s Occupational Therapy needs. In our continuing effort to provide personalized patient care in the most efficient and economical manner possible, we ask that you take a few moments to read our Financial Policy and fill out our medical history form to bring with you to your appointment. If you have a question regarding our office polices or any of the other forms, please do not hesitate to call.

Your clear understanding of our Financial Policy is important to our professional relationship. If your insurance requires a referral or prior authorization, it is your responsibility to make sure this is in place prior to your appointment, we will be glad to help if we can.

Please remember that the agreement you have with your insurance company does not affect your responsibility for payment. Pathways Pediatric Therapy will provide you with a Superbill at the end of each month for you to submit to your insurance company. They will in turn provide reimbursement to you for our services. Make sure you check and follow your insurance company reimbursement policy and procedures.

***Sessions cancelled with less than 24 hours will be charged a cancellation fee of $75.00.***

 ***If the session is not cancelled a “No Show” charge of a treatment session is billed.***

I have been given a copy of the Privacy Notice and acknowledge through my following signature that I have received the Privacy Polices of Pathways Pediatric Therapy.

I authorize Pathways Pediatric Therapy to perform necessary occupational therapy services for my child. I understand I am financially responsible for all amounts, whether or not re-paid by my insurance company. I have read, understand, and agree to the above stated financial policies. (Copies are available on request). I hereby state the information that I have provided is true to the best of my knowledge.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_