Kidz Therapy Zone

Where Breakthroughs Happen

Financial Responsibility Form for Patients with Private Insurance

Patient's Name : _____

Primary Insurance: _____

For participating insurance plans, I authorize the release of any information necessary to process medical claims for the patient named above and authorize that payment of benefits for these claims be made to Kidz Therapy Zone. Also, I agree to promptly pay for any services not covered by my insurance and or determined to be my responsibility (i.e., Deductibles, Co-payments such as 20% of the allowable fee for Medical Services when deemed "Reasonable and Necessary"). Insurance covers the cost of 30 minute sessions for both Occupational and Speech Therapy. If you would like additional therapy for your child we will be billing you for the following additional therapy in 15 minute increments and the rates are as follows:

45 minutes session (additional 15 minutes)..... $20

60 minute sessions (additional 30 minutes).....$40

Evaluation fees:

Your insurance will pay our contracted rate for an evaluation (either $50 or $55). Our rates for evaluations range from $150-$350 depending on the age of your child. As a courtesy, we will decrease all evaluation rates to $150 for those using their insurance. You will be responsible for paying the difference that insurance does not pay. Our collected amount will total $150 for the evaluation.

Payment is due at the time services are rendered. I agree to these payment terms and guarantee payment to Kidz Therapy Zone, for any services provided to the patient named above.

_____ _____

Signature of Guarantor Date

Relationship to Patient: □ Self □ Spouse □ Child □ Other:_____