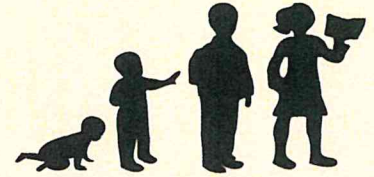


A Step Ahead

PEDIATRIC THERAPY



FINANCIAL POLICY

Patient Name: _____ Date of Birth _____ Date: _____

Insurance Benefits:

ASAPT does contact your insurance company for a quote of benefits, but it is not the responsibility of ASAPT to quote to you your insurance benefits. It is your responsibility to know and understand your benefits and address with your insurance company any questions you may have pertaining to your benefits. Please note this is not a guarantee of payment or coverage. We are not party to your contract or changes within that contract. We will not become involved in disputes between you and your insurance company regarding deductibles, copayments, covered charges, "usual and customary" charges, etc. other than to supply factual information as necessary.

Filing Insurance:

As a courtesy, ASAPT will file a claim to your primary/secondary insurance carrier on your behalf. However, you are ultimately responsible for payment of your bill. ASAPT will address any unpaid claim(s) at least every 30 days. The family should call at least monthly to be sure claims are received and being processed. After 60 days, ASAPT will inform patients of unpaid claims. After 90 days without payment, the family will be responsible to begin paying on their account balance.

Copays, Deductibles, and Coinsurance:

All copays are due at the time services are rendered. If your policy has a deductible, that has not been met, we collect a \$50.00 payment at each appointment until the first Explanation of Benefits (EOB) is received from your insurance company. Any balance they have left for that date, you will have to pay at your next appointment. Any deductible and/or coinsurance amount is due upon receipt of the EOB in our office, at your appointment. For your convenience, we accept Visa, MasterCard and Discover in the office and over the phone. We can also keep your credit card on file.

Delinquent Accounts:

Any account that has an amount due of \$250.00 or more, that has not set up a payment agreement with ASAPT, will be subject to discharge from services until payment arrangement is made or the balance is paid. Payment agreements will be arranged so that the balance will be paid off in no more than 6 months. Payment will be kept on file and deducted automatically as scheduled. Statements are sent monthly on the 15th day, so that you may remain aware of your balance.

Collections

As the client, you agree that if you default on any balance owed to ASAPT and it becomes necessary for ASAPT to engage the services of an attorney, collection agency or other lawful method of collection, you, the client, will pay the original balance owed and reimburse ASAPT for all costs incurred by the collection of said debt. You agree to reimburse us the collection fees of any collection agency, which shall be based on a percentage at a maximum rate of 33.3% of the amount due at the time your account is placed with a collection agency, and all costs and expenses incurred for any collection efforts on your account, including reasonable attorney's fees incurred by the collections agency. This contract shall cover all medical treatment and services until revoked by either party in writing.

I give my consent to any appropriate and medically necessary procedures, medication, services, or therapies that would be included in the treatment as required by the primary care physician or supervised staff for the above-named person. I understand and acknowledge that I am financially responsible for all charges incurred during treatment at ASAPT, whether paid by insurance, rendered for the above-named person. I understand that the adult accompanying the patient is responsible for payment for that day, and that ASAPT does not get involved in custody or other financial arrangements between parents. ASAPT will provide a receipt, if needed, so you can collect from another party.

Signature _____ Date _____