



134 Hall Street, Unit 1
Concord, NH 03301-3470
603-224-4540 Fax: 603-228-7384 e-mail: pediatricptinc@itsabilitypt.com

FINANCIAL POLICIES

PLEASE READ, SIGN AND RETURN WITH PAPERWORK

Welcome:

Thank you for selecting It's Ability to help with your therapy needs. We will strive to provide the best care possible and build a lasting relationship with your family.

The following is our office policy regarding payment for therapy services rendered. Please make sure that you understand how the office expects to receive payment for the care we provide.

If You Have Health Insurance:

We will be happy to process your insurance claims. A copy of your insurance card for verification is required. You are responsible for having a referral sent from your doctor prior to starting therapy. We will do our best to obtain a prior approval from your insurance if required. Should any issues arise in securing prior approval, you will be notified and services may be put on hold while the issues are resolved.

You Must Realize, However, That:

1. Your insurance contract is between you, your employer, and the insurance company. As care providers, our relationship is with you, not your insurance company. While filing insurance claims is a courtesy we extend to our patients, should a dispute arise over coverage or benefits, we will still expect payment for our services.
2. Insurance deductibles and co-payments are the patient's responsibility and will be billed directly to you.
3. If It's Ability is denied payment for 2 consecutive visits by your insurance company, you will be notified. If a 3rd visit is denied, your therapy program will be paused while potential solutions are explored.

Missed Appointments:

We feel it is the patient's responsibility to remember scheduled appointment times. We require 24-hour notice for all cancelled appointments. This allows us the time to offer the slot to other patients. If 3 appointments are missed due to no-shows or late cancellations within an 8-week span, your child's therapy program may be suspended and your child placed on a waiting list for available therapy time.

It's Ability reserves the right to impose a \$50.00 charge to families for each of the missed appointments, no-shows, or late cancellations. This charge will be billed to the family directly and will not be covered by your insurance.

Again, we thank you for selecting us and do not hesitate to ask questions regarding treatment, fees, or services. We will make every effort to avoid any misunderstanding and to preserve our good relations.

I, the undersigned, have read, understand, and agree to the above financial policies.

Signature of Person Responsible for Account

Date

Printed Name