

Foundations Developmental House, LLC

PATIENT FINANCIAL RESPONSIBILITY AGREEMENT

Thank you for choosing Foundations Developmental House, LLC (“FDH”) as your speech therapy provider. This Agreement sets forth your financial obligations for all of the services your child receives from FDH, including the services provided today and in the future. If you do not understand any of the items discussed in this Agreement, we will explain those items to you.

Financial Responsibility

Fees:

Evaluation Charge: \$675.00
Single Treatment Session: \$95.00

In the event that insurance does *not* cover therapy and my child requires therapy for two or more hours per week (within one discipline), the cost per hour will be reduced to \$75.00 to defray the expense of therapy, allowing you to provide your child with the recommended treatment.

You acknowledge and agree that you are personally responsible to FDH for the full payment of all services your child receives from FDH. All co-payments and/or deductibles for FDH’s services are due at the time of service.

FDH will submit a claim to your primary insurance for all services it provides to your child. However, if FDH does not receive payment within 90 days of submission *or* your insurance notifies FDH that the services provided are not covered under your insurance plan (e.g., the services were not included in your benefits, were not pre-authorized or were not medically necessary), **you agree to pay FDH the outstanding balance for the services.** FDH will bill you for the amount due. **Any balance on your account that is more than 30 days old will accrue interest at 1% per month, 12% per annum.** If FDH eventually receives payment from your primary insurance, FDH will refund the difference to you.

Collection Proceedings

If your account becomes delinquent, you agree to pay FDH for any expenses FDH incurs to collect on your account, including reasonable attorneys’ fees and collection costs.

I fully understand that if my account becomes delinquent, and I don’t settle my outstanding bill, Foundations Developmental House, LLC **will turn the amount due over to a collection agency.**

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Assignment of Benefits

You hereby authorize and direct any insurance proceeds payable for services provided by FDH to your child to be paid directly to FDH, and hereby assign to FDH, without recourse, all interest in, and rights to claim, collect and receive the proceeds from any insurance company providing coverage for FDH’s services. You hereby authorize any insurance company to furnish to FDH, and/or its agents, any and all information pertaining to your insurance benefits and the status of any and all claims submitted by FDH.

Binding Nature

You hereby agree that this Agreement is binding upon you and your estate, executors and/or administrators, if applicable.

Questions

You acknowledge and agree that you understand the terms of this Agreement and that FDH has answered, to your satisfaction, all of your questions regarding your obligations under this Agreement.

Date

Signature of Parent or Personal Representative

Printed Name of Patient