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## Financial Policy

### ***Financial Responsibility:***

Your health insurance is a contract between you, the insurance company, and possibly your employer. TheraPlay Spot had nothing to do with the terms or benefits of your particular health insurance plan. We cannot guarantee payment of all claims. If your insurance company pays only a portion of the bill or rejects your claims, any contract or explanation of your claim by your insurance company does not relieve you of your financial obligation.

***Your financial obligation may include: costs incurred during your deductible, co-pays, co-insurance, out-of-pocket payments, payments for non-covered services, and cash-rate payments.***

To keep your unpaid balance as low as possible, TheraPlay Spot asks to be paid at time of service; however, we offer monthly invoicing as a convenience option *if you request it*. If you choose to have us bill you every month, then your balance is due within 14 days of receipt of the invoice. We accept checks (preferred form of payment), money orders, cash, and all major credit cards. All returned checks are subject to a \$35 return check fee (which is what our bank charges us). We can set up automatic credit card billing at time of service if that is easiest for you. *NOTE: To help keep our charges moderate, invoices are not automatically sent if there is a zero or credit balance unless specifically requested.*

***TheraPlay Spot reserves the right to add a flat monthly 5% finance fee for past due balances, and/or suspend therapy services until the balance is paid in full.***

"I understand and agree that I am responsible for the payment of any and all sums that may become due for the therapy services provided to my child, even if not paid by my insurance company. Although TheraPlay Spot may provide me with helpful information about my policy, I understand that as a policyholder, it is ultimately my responsibility to know my insurance policy's benefits and limitations and to initiate any inquiries regarding denial or non-payment of services."

I have read and understand the financial policy as described above.

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Signature

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Date