

Treehouse Pediatric Therapy Payment Policy

PAYMENT

Payment is due in full on the date the service is provided. Initial _____

Payment can be received via check, cash, or credit card. Credit card payment will include a convenience fee. Please ask for the convenience fee rate if needed.

INSURANCE

We do not accept insurance as payment for services. However, after payment has been made to Wee Talk, LLC/ Wee CommunicATE LLC/ Sensational Play LLC/ Sensory Play LLC, OT4ACHILD LLC, or Treehouse Pediatric Therapy, LLC and after services have been rendered, then we can provide you with an itemized monthly receipt for you to submit to your insurance company. Since insurance companies vary widely in their reimbursement for out-of-network providers, we in no way guarantee that you will receive any reimbursement. If the insurance company requires supporting documentation from us, we will be happy to provide that to you. We recommend that you talk at length with your insurance company prior to making a commitment to your therapy session here so that you have an idea of what your final out of pocket expense will be.

OUTSTANDING BALANCES

Invoices for outstanding balances on accounts greater than 30 days will be charged an additional \$25 late fee per month. Accounts with balances after 60 days will be charged an additional 25% of the current outstanding balance to cover collection agency fees. The guardian/parent will be responsible for any additional costs associated with a collection agency. Therapy will be placed on hold after 60 days of non-payment. The child will be placed on the wait list until payment is received.

Fees/Therapy Rates (as of October 1, 2019)

55 minutes traditional therapy = \$95.00, 45 minutes = \$80.00, 25 minutes = \$55.00

55 minutes of feeding therapy= \$100.00

55 minutes of breast/bottle or swallowing therapy = \$115.00

55 minutes of dietician/nutritional services = \$95.00

55 minute consultation = \$150.00

55 minute multi-disciplinary therapy = \$80.00 per provider

55 minutes of therapy and/or meeting provided at a location other than Treehouse clinic= \$105

25 minutes of therapy and/or meeting provided at a location other than Treehouse clinic= \$65

Consultation/Phone calls = \$55.00 for 30 minutes or less \$95.00 for any amount of time between 30-60 minutes

Evaluation and report = \$450.00

I understand that my credit card will be charged a convenience fee in addition to the therapy rate as listed below. This is subject to change.

Session	\$ Increase	Total charged
95 therapy	3.75	98.75
150 consult	5.00	155.00
450 eval	15.00	465.00

I agree with the rates, payment policy, and outstanding balance policy as listed above.

Parent Signature

Date