



Interact Pediatric Therapy Services, PLLC

P: 336-279-9008, F: 336-740-9099; www.interactpeds.com

Dear Parent(s) or Guardian(s),

Our office is committed to providing you with the best possible health care, and we will be happy to discuss our policies with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees, our Financial Policy or your financial responsibility.

It is important that you understand that you are responsible for all charges that may occur during your visit. In addition to paying for any insurance co-payment at the time of your appointment, you may also be responsible for charges not covered by your insurance carrier. If your insurance carrier denies the medical claim submitted by our office in its entirety, or any part of the claim, the patient and/or responsible party will be responsible for the bill per the insurance contract regulations. Your insurance and/ or responsible party is ultimately responsible for timely payment of the account. All patient balances are due within 30 days of notification. Communication with our patients regarding our financial policy is essential. If you have any special needs or concerns regarding this policy, please bring them to our attention. We are here to help you and to provide you with the best service.

I have read the financial policy for the office and understand that I am ultimately responsible for all charges on my account. It is my financial responsibility to remit payment for any charges not covered by my insurance plan(s) including, but not limited to co-insurance, co-payments and deductibles. I understand that co-payments for office visits are due at the time of the service. I understand that patient balances are due within 30 days of notification.

I understand that once my account is put into collections, I am subject to be discharged and held responsible for any additional charges to collect any and all unpaid balances, including but not limited to collection agency fees, attorneys and any interest charged by the practice.

Questions regarding your bill, to update your insurance information, or to request an itemized statement, please contact Tracy Williams at 336-763-5658 or email our billing department at tracyw@williamselectronicbilling.com.

Before we can begin services, we need to verify eligibility of coverage to ensure you're not caught off guard by an outstanding bill. Please complete all required fields below in its entirety. Any fields left blank may delay the intake process. Thank you for choosing Interact Pediatric Therapy Services as your choice for therapy needs. We look forward to serving you!

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Name of Client _____

Name of Insurance _____

Policy ID or Member Number _____

Policy Group Number _____

Responsible Party Name _____

Responsible Party Date of Birth _____

Customer Svc # (listed on back of card) _____

I have read and understand that I am responsible for any/all charges and co-pays/deductibles not covered under my insurance plan. Failure to comply with these guidelines could hinder further therapy sessions until matters are resolved. I am responsible for contacting the billing department for Interact in the event I have a change in insurance. I am also responsible for notifying my therapist due to authorization purposes.

Patient Name (please print)

Signature of patient or responsible party (guarantor)

Date