LANGSTON
Pediatric Therapy
HELPING SMALL HANDS DO BIG THINGS

Billing Policy

Effective January 1, 2011

All clients are responsible for fees as determined by insurance policies and payment options. If fees are not received in accordance with payment schedules late charges may be applied and therapy services may be discontinued until full payment is received.

Rates and Service Fees:

(Rates include written treatment notes of progress, assessment results, and consultation)
Each 15 minutes of treatment session $46.25
60-minute treatment session $185.00
Evaluation/Assessment $350.00
see below for self-pay/not covered rate

In-Network insurance clients

Co-pay/Co-insurance, if applicable is due at the beginning of each treatment session, or a payment schedule may be arranged on a client by client basis. (Refer to payment options) **Clients are responsible for fees not covered by insurance.**

Please understand that although we call and check your insurance benefits, it does **NOT guarantee that your insurance will pay for therapy. Also, if you have visit limits, it is your responsibility to know what they are and that you keep track of how many you have used. If you reach your limit and continue therapy, you may be financially responsible for those visits.**

Out of Network insurance clients

Rate and service fees apply. Co-pay/Co-insurance, if applicable is due at the time of each treatment session. A payment schedule may be set up on a client by client basis. (Refer to payment options) **Clients are responsible for fees not covered by insurance.**

Out-of-Pocket clients (no insurance or no coverage for services)

Rates are $100.00 for 60-minute treatment session, and will need to be paid at the start of every session. Clients are responsible for all fees. A payment schedule may be set up on a client by client basis. (Refer to payment options)

Payment schedule options

Co-pay/Co-insurance, or the balance of non-covered insurance fees, (whichever is applicable), is due at the *start of every treatment session*. Alternate payment plans may be arranged with approval from Langston Pediatric Therapy management.

Cancellation Policy

We request 12 hour notice of cancellation of an appointment. Failure to do so may result in a charge of $25.

Appointment Times

Please note that if you are leaving the building while your child is receiving therapy **we ask that you are back 10 minutes before their scheduled end time**. This is the time that your therapist will discuss the session with you and allows them to remain on time for their next patient. For example, if your child's appointment is at 3:00, we would ask you to return by 3:50.

X_____ _____

Signed Date