



ALL KIDS FIRST

“ enhancing your child’s potential”

Payment Policy

I, _____, agree to pay All Kids First, LLC. for all services rendered and agree to abide by the following guidelines:

- 1. Payment.** I understand I will receive an invoice on a biweekly basis for services rendered me by All Kids First. Cash, credit or check will be accepted for all payments due on the date indicated on the invoice.
- 2. Funding sources.** If my insurance carrier provides financial assistance for services, I understand I must pay the fees by the due date indicated on the invoice and allow the insurance carrier to reimburse me for the services unless a current authorization for insurance to cover the amount is on file. I also understand I am responsible for any co-payment amounts due on the date indicated by invoice. If I am receiving funding from an outside funding source or agency, the funding source or agency will be billed directly for the services.
- 3. Nonpayment.** If my account is over **90 days** past due, I will receive a letter stating that I have **20 days** to pay my account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency.
- 4. Returned check/insufficient funds.** I understand I will be charged a fee of **\$35** for any returned checks.
- 5. Missed appointments.** In the event of emergency situations, I must provide **24 hours** notice to my primary contact person at All Kids First in order to cancel an appointment or I will be billed for the **full amount** of the session. In the event of an unexpected illness in which **24 hours** notice cannot be made, I am required to provide at least a **2 hours** notice prior to the start of a scheduled appointment in order to prevent being billed for the **full session**. I understand that when a client arrives late to a scheduled appointment, the client is billed the rate of the full appointment. Repeated failures to attend scheduled sessions or frequently arriving late to scheduled sessions may result in termination of services.

I have read and understand the payment policy:

Signature of client or guardian

Date