



FINANCIAL POLICY

Welcome to our office! We are committed to providing you with the best possible care. If you have medical insurance, we are anxious to help you receive you maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our financial policy.

Payment, co-payment, deductibles, and co-insurance for services are due each visit for charges incurred up through your last visit. We accept cash, checks, VISA, and Master Card. Please understand that you are financially responsible for all charges whether or not they are paid by insurance.

Please read carefully:

- Your insurance is a contract between you, your employer and your insurance company. We are not a party to that contract. As a courtesy to our patients we will bill your insurance carrier; however, we cannot guarantee payment in a timely manner. **If for any reason any portion of a bill is not paid by your insurance within 60 days from the date of service, you agree to make arrangements for prompt payment.**
- Parents/Tutor must inform KidsCare Therapy Center, Inc. in advance, as soon as you are notified that the medical insurance will not cover the therapy services provided due to **termination of the insurance**. If you fail to notify in advance of this termination, you will be responsible for all the therapy visits provided after the expiration day, which they are equivalent to \$71.44 USD.
- All co-pays and co-insurance must be paid at the time of service.
- Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. These particular services, if any, are your responsibility.
- If a family is not meeting financial responsibilities to the agency as outlined in the Financial Policy, the child may be **discharged** from therapy.

Again, our relationship is with you, not your insurance company. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact our billing department promptly for assistance in the management of your account. If you have any questions about the above information or any uncertainty regarding insurance coverage, please don't hesitate to ask us. We are here to help you!

I hereby understand the above financial policy and agree to abide by it.

Signature of Parent/Guardian of Child

_____/_____/_____
Date

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