

Payment Policy & Fee Schedule



Thank you for choosing Wright Therapy Group to serve you. We are committed to providing you with the highest quality care. Please know that the timely payment of your bill is an integral part of our service and as such, this payment policy is an agreement between you and Wright Therapy Group for payment of services provided. By signing this policy, you are agreeing to pay for services provided to you or your family member. As a client of Wright Therapy Group, you are required to carefully review and sign our payment policy.

Please read the following information carefully:

1. All therapy fees (including session fees and/or co-pays, if applicable) are expected at time of service or no greater than 30 days following service date.
2. We accept the following payment methods currently: credit/debit card payments and checks. (Checks should be made payable to Wright Therapy Group)
3. We will provide you with an invoice outlining the services rendered and the amount charged.

Cancellation Policy:

Here at Wright Therapy Group, we value the services and time we provide to your child. Your child's attendance is important for communication success. As such, we have a cancellation policy of **12 hours** to notify your therapist of any cancellations. A charge of \$25.00 will be deemed at our discretion if Wright Therapy Group is not notified within the 12-hour window or session is considered a "no show". This charge will not be covered by insurance and will be an out-of-pocket expense.

Please read and check all boxes to acknowledge understanding and the sign below:

- I understand that I am responsible for all costs / fees that any third-party payer (ex. insurance company, private school, etc.) does not cover. In the event that a third-party payer source determines that rendered therapy services are "not covered" or otherwise denied, I will be responsible for all outstanding charges. I understand that I will be billed accordingly and will be responsible for payment. I also understand that Wright Therapy Group will not become involved in disputes between insurance holder and your third-party source regarding uncovered charges or reasons for denial.

- I understand that if fees are not paid in full, treatment sessions may be postponed or canceled until payment is received.

- I understand that all returned checks will be subject to a \$25 returned check fee. Charges incurred and not paid after 60 days may be turned over to a collection agency at the client's expense. Overdue accounts may also be reported to a Credit Bureau.

- I understand that I am responsible for all legal and collection fees, which Wright Therapy Group may incur if payment is not made in accordance with the terms and conditions herein.

- I understand that refunds will be issued only in instances of overpayment. All refunds will be processed within 14 days after the overpayment is discovered on the client's bill or at the time the refund is requested. Refunds for payments made with a credit/debit card will be credited back to the card used, all other refunds will be issued by a check. Clients who used a third-party source will not be issued a refund until full payment is received from the appropriate source.

- I, understand that all cancellations require 12 hours' notice and that there will be a \$25 charge for any cancellations made less than 12 hours. This charge is my sole responsibility and will not be covered by a third-party source.

- I, _____, (client / guardian name) understand the payment policy and the risks of not adhering to it.

_____	_____
Print Name of Client	Date of Birth
_____	_____
Signature of Client, Guardian or Responsible Party	Relationship to Client
_____	_____
Private Practitioner / Witness	Date