



FINANCIAL POLICY

Peak Pediatric Therapy, LLC is currently an in-network provider with United Healthcare, Tricare, and Anthem Blue Cross Blue Shield. If your current insurance is through a company Peak Pediatric Therapy is contracted with, Peak Pediatric Therapy will submit your insurance claims on your behalf. You must supply Peak Pediatric Therapy with the necessary information to include a copy of your insurance card and photo identification. You are responsible for your co-payment and any amounts not covered by your insurance, including deductible. If your coverage is denied for any reason (including loss of eligibility for your insurance) you are responsible for payment of the entire balance due, based upon our normal fee schedule.

If you do not have insurance or you have insurance through a company Peak Pediatric Therapy, LLC is not contracted with, you are responsible to pay for treatment based upon our normal fee schedule at the time of service. Upon request, Peak Pediatric Therapy will provide clients with a detailed invoice for services rendered which can be submitted by the client/parent/guardian for insurance company reimbursement. Please note it is your responsibility to contact your insurance carrier to understand benefits and determine required documentation for filing insurance claims. Peak Pediatric Therapy is not responsible for out-of-network non-reimbursement but will provide additional documentation at the request of the client/parent/guardian if needed for the insurance provider.

I hereby assign Peak Pediatric Therapy, LLC permission to submit bills directly to the insurance carrier and I authorize my insurance carrier(s) including private insurance and other health/medical plan to issue payment checks directly to Peak Pediatric Therapy, LLC for services rendered to me or my dependents. I authorize Peak Pediatric Therapy, LLC to furnish and/or release any information necessary to insurance carriers concerning my treatment to process my insurance claims and a photocopy of my signature can be used to process my insurance claim.

Families are responsible for verifying their financial responsibilities with their insurance carrier. Please reference [Understanding Your Insurance Policy](#) for questions to ask your insurance company to better understand specific details regarding your policy. It is your responsibility to understand your policy including benefits, coverages, and exclusions. Should actual coverage be different than what was quoted by your carrier, please contact your insurance carrier directly. Payment is still expected by Peak Pediatric Therapy for any balance not covered by the insurance carrier.

I understand that fees are due and payable on the date that services are rendered and agree to pay all charges incurred immediately upon presentation of the appropriate invoice. In the event that my account becomes delinquent, I will be responsible for the charges incurred and any costs involved in the collection of my account. These include, but are not limited to interest charges, re-billing fees, court costs, attorney fees, and collection costs. I agree that in the event that my account is turned over to a collection agency or attorney due to non-payment, that I will pay an additional 33.3% of the original principal balance plus all reasonable court costs attorneys' fees, and all court costs of the other party incurred in connection with enforcement of this agreement.