



NEURODEVELOPMENTAL THERAPY SERVICES, INC.

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FINANCIAL GUIDELINES

Effective January 1st 2020

The following is an explanation of the financial guidelines for the services provided by Neurodevelopmental Therapy Services.

Therapy Fees are based on CPT codes provided by the therapist and may fluctuate depending upon the modality performed. For ease of payment, co-pay amounts will be based on a flat fee of \$125 for in-center sessions.

1. Insured/responsible party must pay amounts due (i.e., co-pay, private pay, deductible, etc.) at the time services are rendered. **Please pay receptionist prior to beginning of session.**
2. **If a therapy session is canceled at least twenty-four (24) hours prior to scheduled therapy time, there will be no charge. Any less than 24 hours, you must reschedule within 7 days or a no show fee of \$50 will be charged. Late arrivals greater than 20 minutes will be charged a fee of \$30.**
3. NTS will gladly file insurance claims for our clients and **will make one attempt to appeal each claim should charges be denied.** This in no way releases the insured of financial responsibility. Payment will be requested from the insured/responsible party for any and all monies (including but not limited to: deductible, co-pays, non-covered charges, etc.) not received from your insurance company.
4. Should your insurance company or benefit level change, it is your responsibility to notify NTS immediately. Should nonpayment occur due to lack of notification of change, financial responsibility will become that of the insured/responsible party.
5. Refunds for overpayment will be given after all claims are processed and paid at the end of the year or completion of service.

Insurance is a contract between you and your company. We are not a party to your contract. We will not become involved in disputes between you and your insurance company regarding deductibles, non-covered charges, co-insurance, secondary insurance, coordination of benefits, pre-existing conditions, or "reasonable and customary" charges other than to supply the factual information as necessary. NTS is not responsible for knowing your plan's benefits and coverage limitations. Please be aware that many health plans limit therapy coverage. If your care exceeds a plan limitation, you will be responsible for the balance. Know your benefits. NTS will not become involved in disputes where COBRA coverage is involved. You are responsible for timely payment of your account. Collection services will be utilized for outstanding balances not paid in a timely manor.

I HAVE READ AND UNDERSTAND THE ABOVE FINANCIAL GUIDELINES AND AGREE THAT I AM ULTIMATELY RESPONSIBLE FOR PAYMENT OF SERVICES RENDERED BY NTS OR ITS AGENTS.

CLIENT NAME

Signature of Responsible Party

Signature of NTS Representative

Date

Date