



# NEURODEVELOPMENTAL THERAPY SERVICES, INC.

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## NTS FINANCIAL GUIDELINES - Effective January 1<sup>st</sup> 2010

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 and \$150 for in-home 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 prior to session beginning.**
2. If a therapy session is canceled at least one-half hour prior to scheduled therapy time, there will be no charge. **If you fail to appear for a scheduled session without prior notification, a no-show fee of \$50 will be collected.** Late arrivals will be charged as a full session.
3. NTS will gladly varify and file insurance claims for our clients and will make one attempt to appeal each claim should charges be denied. This varification will be used to estimate your financial responsibility; however, this varification is not a guarentee by your health plan of coverage or payment. **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, noncovered 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.

I have read and understand the above information. Please be aware that certain office procedures or services may not be covered or may be considered "not medically necessary" or "experimental" by your health plan. You are responsible for payment of these services. Please also be aware that many health plans limit therapy coverage. In the event your care exceeds a plan limitation, you will be responsible for the balance. It is your responsibility to know your benefits and limitation of your current health care insurance coverage. NTS will provide medically necessary care based on client's medical needs, not a client's insurance coverage. NTS is not responsible for knowing your plan's specific benefit and coverage limitations. NTS will no longer file secodary insurance including Medicaid. All co-pays and deductibles will be collected at the time each service is rendered. NTS will NOT become involved in disputes where COBRA coverge is involved. You are responsible for timely payment of your account. Collection services will be utilized for outstanding balances not paid in a timely fashion.

CLIENT: \_\_\_\_\_

\_\_\_\_\_  
Resonsible Party

\_\_\_\_\_  
Signature of NTS Representative

Date: \_\_\_\_\_