

Maureen Brady OTR/L
3250 Airport Way S. Ste. 405
Seattle, Washington 98134

Financial and Attendance Agreement

Contract for Services

Re: (Individual Receiving OT Service) _____ Date of Birth: _____

I understand that Maureen Brady OT does not verify insurance eligibility and benefits with my insurance provider and is a non-contract provider with all insurance plans. I understand that payment is due at the time of service and that I will be given an invoice to submit to my insurance company. I understand I am responsible to obtain a physician referral prior to my initial appointment and it is my responsibility to obtain insurance authorization whenever necessary and to keep track of insurance plan limitations on the allowed OT visits.

Accepted forms of payment are cash (exact amount please), and checks. There will be a \$25.00 charge for all returned checks.

Cancellation, No-Show and Late Arrival Policy

I understand that, except for illness or emergency, I am required to notify the practice with a minimum of 24- hour notice to cancel my appointment. If I do not provide 24- hour notice, then I will be charged \$75.00 for any missed or cancelled appointments. I understand this charge cannot be submitted to my insurance.

I understand that if I am a No-Show for the appointment (no notice given) there will be a \$95.00 fee. I understand that late arrival may reduce the time of the therapy session and that I will be responsible for the entire scheduled fee of \$150. and the actual time of the session will be reflected on my invoice.

I have read, understand and accept the terms of the above Financial and Attendance Agreement including the Late Cancellation, No-Show and Late Arrival Policy. If incurred, I agree to pay these fees.

Parent/Guardian Signature

Date

Printed Name of Parent/Guardian