

Children's Therapy Group, Inc.
Providing Pediatric Speech, Occupational, and Physical Therapy
65 Darcee Court
Lawrenceville, GA 30046
Phone # (678) 858-4777 Fax # (678) 985-3953
childrenstg@yahoo.com

Billing Policies and Procedures

By authorizing **Children's Therapy Group, Inc.** to provide speech-language pathology/ occupational/ physical therapy services and to receive payment for these services, you are to be made aware of the following policies and procedures.

- At any time that there are changes in your payment sources (Insurance, Medicaid, Babies Can't Wait), please make that information available to **Children's Therapy Group, Inc.** in order to ensure proper billing.
- If for some reason, insurance coverage is terminated, please inform **Children's Therapy Group, Inc.**, or the guarantor will be responsible for payment of services.
- If an insurance claim is denied, **Children's Therapy Group, Inc.** will notify you. If the claim cannot be settled, the guarantor will be responsible for the account balance.
- If your insurance is Medicaid or the CMO's (Wellcare, Peachstate or Amerigroup), there is a limit on the number of units/visits that can be provided per month. Dependent upon the type of therapy that is being provided, you will be informed of the number of units/visits. If you exceed that number of units/visits for the month, you will be responsible for payment of services not covered by Medicaid or the CMO's.
- If your insurance company sends payment and/or EOB's (explanation of benefits) for services directly to you, please send the EOB's and payment of that amount to **Children's Therapy Group, Inc.** in order to ensure proper credit to your account.
- A copy of the client's Medicaid or PeachCare card is required to be in his or her file.
- Billing is completed on a monthly basis and you will receive an invoice stating services rendered and the portion of your payment due after other payment sources have been billed. Alternative billing cycles can be arranged upon guarantor request.
- If payment is not received within 30 days from the date of the last invoice, a courtesy call/letter will be made/sent. **Children's Therapy Group, Inc.** reserves the right to apply a late fee to accounts over 30 days past due.
- Any check returned on an account will be charged a \$35 fee.
- If you have any questions regarding your billing statement or account status please feel free to contact **Children's Therapy Group, Inc.** and speak with Jason or Brook Todd (678) 858-4777.

I have been made aware of the billing policies and procedures for Children's Therapy Group, Inc. and agree to them.

Guarantor

Date

Children's Therapy Group, Inc. reserves the right to make changes to the above policies and procedures at any time.