

Building Blocks Therapy Terms of Payment Agreement

I _____ acknowledge and accept full and complete responsibility for prompt payment for all services rendered to _____ by Building Blocks Therapy. I acknowledge that prompt payment is within 10 (ten) days of receipt of invoice. I acknowledge that I have received written explanation of the fee schedule and the cancellation policy and I agree to both.

I understand that health insurance policies and reimbursement are between myself and my health insurance company, that all services rendered by Building Blocks Therapy for the benefit of the above referenced individual are charged directly to me, and I am personally responsible for payment in full to Building Blocks Therapy within ten (10) of invoice date. I understand that if payment in full is not received by Building Blocks Therapy within thirty (30) days of invoice date that Building Blocks Therapy will assess a five percent (5%) late charge on such outstanding balance. I understand that if my outstanding balance due to Building Blocks Therapy for the treatment of the above referenced individual becomes Five Hundred Dollars (\$500.00) or more, Building Blocks Therapy reserves the right to withhold therapy up to and until such balance is paid in full. I understand that I will be responsible for all legal fees and collection fees which Building Blocks Therapy may incur if payment is not made in accordance with the terms and conditions hereinabove. I understand that agreements regarding fee schedules and charges for canceled appointments are my responsibility and not the responsibility of my health insurance company, if any.

Signature of parent/guardian

Date

Virginia Address

450 West Broad Street, Suite 215
Falls Church, VA 22046
(703) 533-8819

DC Address

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