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Anchorage, AK 99518
907-345-0050 Phone 907-344-5103 Fax

Erin Cowell OTR/L
Tracey Keaton M.S. CCC/SLP

Child's Name: _____
Date of Birth: _____

Financial Policy

Welcome to our office! We are committed to providing you with the best possible care. If you have medical insurance, we are anxious to help you receive you maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our financial policy.

Payment, co-payment, deductibles, and co-insurance for services are due each visit for charges incurred up through your last visit. We accept cash, checks, VISA, and Master Card. **Please understand that you are financially responsible for all charges whether or not they are paid by insurance.**

Please read carefully:

1. Your insurance is a contract between you, your employer and your insurance company. We are not a party to that contract. As a courtesy to our patients we will bill your insurance carrier; however, we cannot guarantee payment in a timely manner. If for any reason any portion of a bill is not paid by your insurance within 60 days from the date of service, you agree to make arrangements for prompt payment.
2. Our fees are generally considered to fall within the acceptable range by most insurance carriers and therefore are covered up to the maximum allowance determined by each carrier. This applies to the companies who pay a percentage (such as 50% or 80%) of the usual, customary, and reasonable rate (UCR). This statement does not apply to companies who reimburse based on an arbitrary schedule of fees, which bears no relationship to the current standard and cost of care in this area.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. These particular services, if any, are your responsibility. **Please note insurance companies may indicate the services were not medically necessary and claims that because All For Kids is a preferred provider you do not have to pay the balance, this is NOT the case and you will be billed for the services.** This office can not accept responsibility for negotiating settlements on disputed claims.
4. Any returned checks will be subject to a NSF fee of \$25.00 which will be due at the next visit.
5. Accounts that are past due will incur a finance charge at the rate of 10.5% annually.

Again, our relationship is with you, not your insurance company. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact our billing department promptly for assistance in the management of your account. If you have any questions about the above information or any uncertainty regarding insurance coverage, please don't hesitate to ask us. We are here to help you! **I hereby understand the above financial policy and agree to abide by it.**

Parent or Legal Guardian Signature

Date

Revised 10/26/09