



134 Hall Street, Unit 1  
Concord, NH 03301-3470  
603-224-4540 Fax: 603-228-7384 e-mail: [pediatricptinc@itsabilitypt.com](mailto:pediatricptinc@itsabilitypt.com)

**FINANCIAL POLICIES**  
**PLEASE READ, SIGN AND RETURN WITH PAPERWORK**

**Welcome:**

Thank you for selecting It's Ability to help with your therapy needs. We will strive to make your visits pleasant, while giving the best care we know how to deliver.

The following is our office policy regarding payment for therapy services rendered. Please make sure that you understand how the office expects to receive payment for the care you receive.

**If You Have Health Insurance:**

We will be happy to process your insurance claims. A copy of your insurance card and your coverage are required. If a referral and/or /prior approval is required by your insurance company, then you are responsible for getting that approval before we start therapy services. This means that we will need a Referral Number from the insurance company before services begin. We will gladly discuss your proposed treatment and answer any questions that you might have.

**You Must Realize, However, That:**

1. Your insurance contract is between you, your employer, and the insurance company. We are not a party to that contract. As therapy care providers, our relationship is with you, not your insurance company. While filing of insurance claims is a courtesy that we extend to our patients, should a dispute arise over coverage or benefits, we ask that you pay us the disputed amount and ask your insurance company or employer to reimburse payment to you.
2. Insurance deductibles and co-payments are the patient's responsibility.
3. This office will bill the patient directly for deductibles/co-payments.

**Missed Appointments:**

We feel it is the patient's responsibility to remember scheduled appointment times. If contact cannot be established and an appointment is missed, or less than 24-hours notice is given for a cancellation, a charge to you the patient directly, may be assessed. Without a 24-hour cancellation notice, we have the same expenses that we would have if the appointment had taken place. However we cannot bill the insurance for these appointments; therefore this charge helps cover some of those expenses. It's Ability reserves the right to impose a \$ 50.00 charge to families for each of the missed appointments, no-shows, or cancellations that are less than a 24-hour notice. This charge will be billed to the family directly and will not be covered by your insurance. A 12% finance charge will also be assessed to any outstanding balances over 30 days.

Additionally, if 3 appointments are missed due to no-shows or cancellations without 24-hour notice, within an 8-week span, your child's therapy program may be suspended and your child placed on a waiting list for available therapy time.

Again, we thank you for selecting us and do not hesitate to ask questions regarding treatment, fees, or services. We will make every effort to avoid any misunderstanding and to preserve our good relations.

It is our goal to deliver the best therapy treatment, and we want you to feel comfortable with the investment you are making in your child's health.

I, the undersigned, have read, understand, and agree to the above financial policies.

\_\_\_\_\_  
Person Responsible for Account

\_\_\_\_\_  
Date