



## Patient Information

Your responses will be regarded as confidential, as is any other information you may give.

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Street address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone# \_\_\_\_\_

School/Daycare: \_\_\_\_\_ Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone#: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone#: \_\_\_\_\_ Mobile#: \_\_\_\_\_

Occupation: \_\_\_\_\_ Education: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Mobile#: \_\_\_\_\_

Occupation: \_\_\_\_\_ Education: \_\_\_\_\_

Primary Email: \_\_\_\_\_ With whom does your child reside? \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Phone #: \_\_\_\_\_ Insured:  Father  Mother

Social Security#: \_\_\_\_\_ Group Number: \_\_\_\_\_

**Assignment of Benefits:** I hereby authorize payment to Village Therapy Works for treatment of my child for therapeutic services rendered. I understand that I am financially responsible for all services not covered by my insurance company. I also understand that if I do not give a minimum of 24 hours notice for cancellation of appointments, I will be billed an \$80 cancellation fee that is not covered by my insurance. (Cancellations are considered late after 8:30am on day of service.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Village Therapy Works requests that we keep your credit card on file to cover charges that are not reimbursed by insurance.

**Credit / Debit Card Information:** Master Card  Visa  Medical Flex Card

# \_\_\_\_\_ Cardholder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Exp. date: \_\_\_\_\_

**Release of Information:** I hereby authorize Village Speech & Language, Inc. to release any information required to process my claims. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**We make every effort to contact your insurance company and verify your benefits. However, verification of insurance benefits is not a guarantee of payment until claims are submitted and the insurance company reviews all records.** If your insurance company denies payment for services not covered, you will become financially responsible for services.



## Village Therapy Works Policies

### **Cancellations, No Show and Re-Scheduling**

#### *Regular and Routine Attendance is requested*

Routine attendance is an important factor in the success of your child's program and in our ability to help him/her succeed. Our therapists devote their time for appropriate planning for your child's regularly scheduled appointment.

#### *Cancellations and No Shows*

Village Therapy Works requires a 24-hour cancellation notice for therapy sessions. This allows us to change your appointment time to someone who is waiting to receive services. If you should forget/miss your child's therapy session then you will be assessed a "no show" charge. Late cancellations/no shows will be charged \$80 per hour of therapy. Accidents and illnesses often occur at the last minute leaving no choice but to cancel. If you or your child is sick, please be courteous and call us as soon as possible and we will try to reschedule your appointment. Should your therapist become unavailable, you may be offered a visit with another therapist or rescheduled at no additional charge.

#### *Re-scheduling*

Every effort will be made to reschedule your appointment if we receive an advance notice of at least 24 hours. In the event of unusual circumstances, we will notify you if we close our facility.

#### *Payment Methods*

We require that payment be made when services are rendered. We accept cash, checks and credit card payments. There is a \$35 charge for returned check due to insufficient funds.

### **Insurance Billing Information and Fees**

Village Therapy Works offers payment options to help you meet the financial obligation associated with your child's therapy process. You are financially responsible for all services.

#### *Insurance*

Benefit verification is not a guarantee of payment from the insurance company. Village Therapy Works makes every effort to verify benefits prior to your initial evaluation. We will file insurance claims for approved services to companies for whom we are providers and request that a credit card be on file for non-reimbursements. If we are not providers for your company, we can provide you the necessary papers to file independently.

Insurance claims are filed as a courtesy to you. We are ancillary providers for some insurance companies that have chosen us to supply quality services for speech and occupational therapy under specific benefit plans. **FAMILIARIZE YOURSELF WITH THE BENEFIT PLAN THAT HAS BEEN PROVIDED TO YOU BY YOUR INSURANCE COMPANY.** Self-funded policies usually do not cover speech and/or occupational therapy.

I have read and agree to comply with Village Therapy Works Policies.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date