

Pediatric Therapy Link of North Alabama, LLC
97 Hughes Rd. Suite H
Madison, AL 35758

Agreement for Payment/Release of Information

In consideration for services rendered to _____,

Name of Client

The undersigned agree to pay and guarantee payment in full of any and all charges for services rendered to the client by Pediatric Therapy Link of North Alabama, LLC, and the undersigned further acknowledges and agrees as follows:

- 1. General Billing Policy:** It is the policy of Pediatric Therapy Link of North Alabama, LLC to require payment of all accounts at the time services are rendered.
- 2. In Network Insurance Companies:** This practice will bill predetermined insurance benefits and will allow a maximum of 45 days for insurance company to pay. Should payment not be received, the client or responsible party will be billed for the total charge, and payment is expected upon receipt of the bill.
- 3. Out of Network Insurance:** Any portion of the total charges is expected to be paid at the time service is rendered.
- 4. Release of Information:** Authorization is hereby given to Pediatric Therapy Link of North Alabama, LLC to release to my insurers information, including copies of records, relative to the care rendered.
- 5. Amount of Charges:** The total charges for services rendered and any insurance benefits that are calculated are based on customary or reasonable rates for the same or similar service. Charges are billed for therapy services rendered, supplies purchased, copies requested, late fees or interest for past due.
- 6. Responsible Parties:** If more than one individual signs the agreement, their liability shall be joint and several. If an undersigned fails to make payment due hereunder, said account shall become delinquent and will be turned over to a collection agency or an attorney for collection. The undersigned hereby acknowledges and agrees that they shall pay all legal and associated collection fees. The undersigned hereby waive(s) all rights to notice presentment or demand by Pediatric Therapy Link of North Alabama, LLC. Interest of 2% will be added for past due payments greater than 60 days from date bill was issued and accrued each 30 days past.
- 7. Returned Checks:** A \$40.00 additional charge will be rendered for all returned checks plus bank service fees for returned check.

The undersigned acknowledge that this agreement has been read, is fully understood, and that they have received a copy of this agreement.

Responsible Party, Parent, or Guardian

Date: _____