

**Eastside Pediatric Therapy Services, Inc.
Marla Cox, MS, OTR/L**

Client Billing and Contact Information

Child's Name	DOB
Parent Name	Parent Name
Address	
Home Phone	E-mail
Cell Phone Numbers	
How Do We Reach You During the Day	
Private Pay or Insurance	Insurance Co.
Insurance #	Group #
Insured name	Insured DOB
Employer	
Primary Physician	Referred by

Contract for Services

I understand that Eastside Pediatric Therapy Services (EPTS) does not verify or guarantee insurance eligibility or benefits. I agree that I am responsible for the payment of the account. Co-payments are due at the time of service. EPTS will bill your insurance company if we are contracted with them. However, I understand that I may need to follow up with the insurance company to determine if OT is a covered expense and if there is a need for preauthorization. I may also need to contact my physician to obtain a prescription or letter of medical necessity.

Parent/Guardian Signature

Date

Cancellation Policy

Please notify the practice as soon as you know of the need to cancel an appointment for vacation or medical appointments. We ask for at least 24-hour notice for cancellations unless there is an emergency or sudden illness. There is a \$75.00 fee for appointments missed without adequate notice or reason. Insurance companies cannot be billed for missed appointments.

Parent/Guardian Signature

Date