



## PATIENT SERVICE AGREEMENT

Patient Name: (Last/First MI) \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Fees:** Our fees for services are billed on a biweekly basis. You will receive a monthly statement that will contain a complete itemization of charges and will reflect payments to date. All charges are due and payable on due date of receipt. A finance charge of 1.5% per month (18% annually) will accrue on accounts 60 days or older. All patient co-pays are due at the time of service. If patient applies to Medical Assistance (MA) and is approved, all monies paid between the retroactive effective date and approval date will not be reimbursed, and MA will not be billed for those services. A \$25.00 service fee will be assessed for all NSF/insufficient fund checks.

**Insurance:** It is the patient/parent(s)/guardian responsibility to inform Family Achievement Center, Inc. (FAC) of any and all changes in insurance information, including group policy number, identification number, phone numbers, address, etc. as soon as possible. Failure to do this could result in total patient responsibility for charges incurred.

**Treatment Plans/Cancellations/No-shows:** An agreement will be made between therapist and patient/parent(s)/legal guardian regarding the frequency of therapy. The frequency of therapy will be developed with the intent of maximizing the therapeutic effect of treatment. Cancellations will compromise progress. Also, cancelled appointment times can be given to other patients. When the need arises to cancel an appointment, we request notification as soon as possible, but preferably within 24 hours before the scheduled appointment time if possible. Canceling or no showing for three or more scheduled appointments in a 3-month period could result in losing you/your child's appointment time, being placed on a "same day schedule", and/or the charge of \$50 per missed appointment fee. **This fee is your responsibility and is not billed to your insurance.**

**Tardiness:** It is very important for the patient to be on time for appointments--please call us if the patient is going to be late. If the patient arrives more than 15 minutes late for the scheduled appointment time, the therapist reserves the right to cancel the entire treatment session and it will be considered a missed appointment. We reserve the right to revise your appointment schedule, not allow advance scheduling of appointments, change your treatment frequency, or discharge you from therapy for frequently arriving late for appointments.

**Pick-up Times:** It is a courtesy of Family Achievement Center to allow parents/legal guardians or caregivers to leave the premises during their child's appointment. However, it is very important to be back on the premises 15 minutes before the patient's appointment is scheduled to end so the therapist can discuss treatment with the parent/legal guardian or caregiver. If Family Achievement Center notices chronic tardiness in picking up children, we may ask the parent/legal guardian/ caregiver to stay during the patient's treatment. Furthermore, we reserve the right to charge a fee of \$2.00 for each minute the patient's parent/legal guardian or caregiver is tardy in picking up the patient following the end of a scheduled appointment.

**Scheduling Changes:** Family Achievement Center realizes the parent/legal guardian or caregiver's time is important, and it is our sincere intention to honor all appointment times. On rare occasions, a delay or emergency will occur and we may need to delay or reschedule the patient's appointment. If this occurs, notification will be given as early as possible. To expedite this process, we ask the parent/legal guardian/caregiver to provide us with a daytime telephone number for notification purposes. Family Achievement Center reserves the right to provide the client with a different therapist in the event the regularly-treating therapist is unavailable due to illness, vacation, etc.

**Emergencies:** If an emergency should occur during treatment, the therapist should know how to contact the parent or guardian by telephone. In addition, we will call 911 unless a certified copy of a Do Not Resuscitate (DNR) order has been given to Family Achievement Center, Inc.

Family Achievement Center provides the following additional **Facility and Health-Related Services:**

- Family Achievement Center occasionally provides tours of the facility during treatment hours to prospective patients, vendors, physicians, employee candidates, and therapy students. Since Family Achievement Center is a teaching clinic, therapy students may also participate in a client's treatment session under the supervision of a Family Achievement Center therapist.
- Family Achievement Center allows patient family members or caregivers to view evaluation or treatment sessions from Family Achievement Center's Conference Room or viewing hallway. Family Achievement Center has video cameras in two treatment rooms, the Large Motor Room and the Evaluation Room. Parents and caregivers may also participate in the patient's evaluation or treatment sessions.
- Family Achievement Center, Inc. occasionally video graphs and/or audiotapes for the uses exclusively for treatment and care. These videos and/or audiotapes are solely used by the therapist, and will remain confidential. Videos will not be released for any other purpose without prior knowledge or specific consent.
- Family Achievement Center communicates with parents/legal guardians/caregivers via voicemail, email, postcards and in the lobby after treatment sessions unless otherwise specified.

**Questions/Concerns:** Any questions or problems with services provided through Family Achievement Center, Inc., should be directed to Veronica Arens, President of Family Achievement Center, Inc. We, as providers, will not retaliate as a result of a complaint or concern.

*Family Achievement Center, Inc. has the right to make modifications or deletions to this Service Agreement at any time, with or without notice.*

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Parent / Legal Guardian / Self      Date      \_\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
FAC Representative      Date