

Pathways for Learning, Inc.
3315 Springbank Lane, Suite 300. Charlotte, NC 28226
PN 704.540.5252* FX 704.540.5755**

Rate Information and Cancellation Policy
Effective November 1, 2009

Screening -- An informal observation of skills to determine the need for a Comprehensive Evaluation. This is an out of pocket expense not covered by insurance. (\$70.00)

Comprehensive Evaluation -- Includes standardized testing, a written report and a diagnostic interpretation meeting to discuss results. Interpretive conference will be scheduled within 1-3 weeks from testing. (\$400.00-\$550.00) Depending on number of sessions needed to complete evaluations.

Individual Therapy Services -- Sixty-minute session billed as four units of time. Sessions includes fifty minutes of therapy, and ten minutes of preparation, consultation, and documentation. (\$150.00)

Parent/Teacher Consultation or Meeting -- Billed in fifteen-minute units of time. (15 mins./\$37.50)

Special Reports/Letters of Medical Necessity -- To Physicians, Insurance Companies, Schools, etc. (\$35.00)

Phone Calls -- To Physicians, Insurance Companies, Teachers, etc. (No Charge)

Motor/Social Skills Group -- Please refer to the Group Flyers.

Payments and Co-pays are due at the time services are rendered. It is our office policy to bill your insurance carrier as a courtesy to you. However, if your balance is not paid within 60 days of submission, the balance will be due in full.

A \$30.00 fee will be charged for any NSF returned checks.

Illness Policy

A child cannot keep their scheduled appointment if they have been vomiting, had diarrhea, a fever within 24 hours, or if any signs of infection are present. If a child is brought to therapy ill, they will be sent home and given the option to reschedule to avoid being charged.

Cancellation Policy*

If cancelled before 5:00 p.m. the evening prior to your appointment: No Charge

If cancelled after 5:00 p.m. the evening prior to your appointment: \$35.00

If an appointment is rescheduled within 3 days, the cancellation charge will be waived.

No Show: Full payment of your scheduled appointment required. If the appointment is rescheduled within 3 days, you will only be charged a cancellation fee of \$35.00.

* You are responsible for all Cancellation and No show fees; they are not billed to your insurance carrier.

Please turn page over and sign on the back.

Acknowledgement of Risk

I acknowledge that there is some risk inherent in the use of therapy equipment at this clinic, and I agree to indemnify and hold Pathways For Learning, Inc. harmless from any and all losses and claims for any injuries or other damages occurring to myself, my child, and/or our belongings from the use of therapeutic equipment.

I _____ have read and agree to abide by the above rates and policies. I understand that as a parent or legal guardian I am entirely responsible for payment of all services provided by Pathways For Learning, Inc. In the event that my insurance company or other source of payment decreases or discontinues payment for services for any reason, I will be responsible for assuming payment for past, current, and future services.

Signature

Date