



CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**FINANCIAL AND INSURANCE POLICY**

A copy of your driver's license and insurance information is required before services begin. Benefits will be verified upon receipt of your insurance information and you will be made aware of any **estimated** out-of-pocket expenses before any services are started. Information obtained from insurance companies is **not always a guarantee of payment**. Families are ultimately responsible for payment for non-covered services. **It is imperative that families are aware of their insurance coverage and their potential responsibilities.** We will strive to keep open communication in regards to insurance and payment. Families will inform *The George Center for Music Therapy, Inc.* of any changes regarding insurance. Families assign benefits for filed claims to be paid to *The George Center for Music Therapy, Inc.* Any payment sent directly to the family, intended to cover therapy services provided by *The George Center for Music Therapy, Inc.*, should be given to the front office. \_\_\_\_\_parent initials

The usual and customary rate for services is billed to insurance. If we bill your insurance and you have a deductible, the **full amount applied to your deductible will be billed to you.** *The George Center for Music Therapy, Inc.* does not accept Medicaid, therefore families are responsible for all co-pays, coinsurances, and deductible expenses associated with each date of service. Please contact us directly if you do not have insurance coverage or are experiencing financial hardship. *The George Center for Music Therapy, Inc.* accepts cash, check, VISA, MASTERCARD, Discover, and American Express. There is a \$50 fee for all returned checks. \_\_\_\_\_parent initials

We submit claims to insurance within one month of service dates. If payment has not been received within 60 days, the family will be responsible for the balance. If insurance makes payment, the family will be reimbursed any money that was paid for these services. If a family receives a bill that is not paid within 30 days of receipt of invoice, there will be a **10% late fee** added, and services risk being put on hold. \_\_\_\_\_parent initials

*The George Center for Music Therapy, Inc.* will file all insurance claims as an out-of-network provider. Deeming Waiver and SSI Medicaid are not accepted. We are not contracted with CMO plans (Amerigroup, Peachstate, or Wellcare). If authorization is required, therapists will submit based on need. Services will be administered after approval has been obtained. *The George Center for Music Therapy, Inc.* accepts the Georgia NOW/COMP waiver; however, pre-authorization must be approved. \_\_\_\_\_parent initials



An initial evaluation for music therapy services is \$85/hour. Evaluations are an out-of-pocket expense expected at the time of service. An initial evaluation will be needed for all children starting therapy with our facility. Most evaluations will last 1 hour. If a family needs a re-evaluation for insurance or personal reasons, the rate will be \$70/hr. Financial arrangements will be made prior to the time of evaluation.

\_\_\_\_\_parent initials

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**PARENT/GUARDIAN SIGNATURE**

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**DATE**

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**PRINTED NAME**

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**ATTENDANCE POLICY:**

Because of frequent no-shows and cancellations, *The George Center for Music Therapy, Inc.* has a policy that states that we require a 24 hour notice for cancellations. After a one-time occurrence, a **\$25 fee may be charged for EACH missed therapy appointment.** We know that sickness occurs; therefore, if you think that your child is sick the night before, please call us and give us notice so we can plan accordingly. If your child is fine the next day, we will make every effort to reschedule them.

In the event of a cancellation, please make an effort on your part to reschedule as we want your child to benefit from his/her therapy. If your child misses 3 consecutive weeks of therapy, we will make every attempt to hold that slot, but cannot guarantee this with an extended absence.

The staff at *The George Center for Music Therapy, Inc.* strives to meet the scheduling needs of every family. If your therapy time does not work for you, please let us know.

The Board of Health considers the following signs to indicate communicable disease/illness: **Vomiting, Fever over 100 degrees, Diarrhea, Sore throat, Rash/Swelling, Red, or Running eyes.** Please be sure your child is symptom free for 24 hours before resuming therapy.

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**PARENT/GUARDIAN SIGNATURE**

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**DATE**

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**PRINTED NAME**

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