



## Payment Policies

1. Payment is required at the time of service.
2. A credit card is required throughout the time that your child receives therapy in order to hold his or her spot. If you no-show or late cancel, or if you do not pay at the time of service or make other arrangements in advance, your card will be charged in accordance with the Practice Policies.
3. **Payment Types Accepted**
  - a. Venmo
  - b. PayPal
  - c. Check
  - d. Credit Card (processed by Simple Practice Stripe integration)

#### 4. Insurance

I currently do not contract with any insurance provider. I do accept FSA and HSA cards. You must file any claims for out-of-network insurance benefits yourself. I will provide you with superbills (invoices with additional health information) once per month for your FSA/HSA account records or for you to seek insurance reimbursement. I will also provide you with copies of medical records required by your insurance company at your request. Any other tasks related to insurance reimbursement, including phone calls, completion of insurance related paperwork, or reformatting invoices, are charged at my hourly rate in 15 minute increments.

**I acknowledge that I have received, read, and agree to the Payment Policies described above:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)





### Credit Card Payment Authorization

I authorize charges to my credit card indicated below in accordance with the attached Payment and Practice policies. I understand that I will be charged at the time services are rendered. A monthly invoice will be provided and the charge will appear on my credit card statement. I agree that no prior-notification will be provided unless the hourly rate changes, in which case I will receive notice from at least 10 days prior to the payment being collected.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Anne Swart/Hoot Hoot OT in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

Last 4 digits of credit card \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

