



PEDIATRIC THERAPY & YOGA OF MORRIS, LLC

REGISTRATION FORM

OFFICE POLICIES

Timeliness: Please arrive 15 minutes prior to your scheduled appointment. We strive to keep on schedule and we do our best to notify our patients if there is a delay in one of our schedules. We ask for your patience and understanding in the event that there is an emergency while you are here for your appointment. If you are late for your appointment time, we reserve the right to reschedule your appointment.

Cancellations, Charges for Missed Appointments: A minimum of 24 hours notice is required for rescheduling or cancellation of an appointment. There will be a full session fee for any cancellation without 24 hours notice. A Reminder will be sent to you via email or if you prefer a phone call will be made to the phone number of your choice. Please let us know your preference. The scheduling of an appointment involves the reservation of time specifically for your child, and our therapists will wait the entire session time for you to arrive. If you are late, we will meet for whatever amount of your time remains.

Group Yoga Series: When purchasing a Group Yoga Series, you are purchasing a package. All group yoga classes are non-refundable. In the event of inclement weather and the studio is closed, there will not be make-up sessions permitted. In the event the session does not take place, i.e. therapist is sick, you will be compensated fairly with another session.

Minors: Children under the age of 18 must be accompanied by a parent or an adult guardian who has appropriate documentation, such as a written parental permission. Our staff is not permitted to watch your child while you are receiving care at the practice. Please make arrangements prior to arriving at the practice for your appointment.

Divorced Parents/Separated Parents: Our office will not get involved in divorce settlements. We will accept a copy of the divorce decree for the patients chart to avoid confusion. Our office recommends questions pertaining to the patient (child) come from the parent who presented with the patient.

Liability: My child will be involved in physical activity that exercise might be difficult and strenuous and that there could be dangers inherent in yoga exercise for some individuals. I have been advised to consult with my child's physician regarding any past or current health issue (including skin allergies or sensitivity) or injury that may affect my child's participation in yoga classes. I acknowledge that the possibility of certain unusual physical changes during yoga exercise does exist. I assume these risks and hold harmless Pediatric Therapy & Yoga of Morris, LLC, teachers and therapists providing yoga instruction, employees from any claim, cause of action or liability for damage arising from any personal injury, illness, or other health issue caused to my child or other person or property caused by my child's participation in Therapeutic Yoga classes or sessions as well as all other activities.

PAYMENT POLICIES

1. Insurance Eligibility: We are an Out of Network Practice Provider and can assist our clients with billing insurance. To be eligible for this service, a family must have a met deductible and coverage for Out of Network PT/OT services. Our center will verify your eligibility from a copy of your insurance card and subscriber's date of birth. If you are not eligible for insurance billing, payment in full is expected at each visit.

2. Co-Insurance Payment: For eligible families with a met deductible and out of network coverage, our center will take over insurance billing. The family is responsible to contribute the co-insurance percentage for the service at the time of the visit. For example, if a family has a 70%/30% Insurance/Co-Insurance Split, the family is responsible for 30% of the price of the session at each visit. Our center will create claims to insurance and collect money directly from insurance for the remaining 70%.

3. Denials from Insurance: If for any reason, the insurance company denies payment, the family is responsible for the full payment of the denied session.

4. Coverage Changes: If your insurance changes, please notify us before your next visit so we can make the appropriate changes to our system. When a plan renews each calendar year and the deductible is reset, the family is expected to pay for sessions in full until the deductible is met again.

5. Primary and Secondary Insurance: In the event of having two insurance coverages, the family is responsible for providing a copy of both insurance cards as well as the subscribers' dates of birth. Our practice will then identify the primary and secondary insurances.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.