Sensory KIDZ
THERAPY

HEALTH INSURANCE ASSIGNMENT OF BENEFITS
AND PAYMENT RESPONSIBILITIES

NAME OF INSURED: _____

RELATIONSHIP:_____

SOCIAL SECURITY NUMBER: _____

PATIENT NAME: _____

SOCIAL SECURITY NUMBER: _____

INSURANCE COMPANY:_____

POLICY NUMBER:_____

GROUP NUMBER:_____

WHEREAS, the policy holder has found that Sensory Kidz, LLC is legally bound and able to carry on the services required to guarantee payment.
WHEREAS, the relationship between the policy holder and Patient is known by every party involved.

TERMS OF AGREEMENT

I hereby authorize and assign all payment and/or insurance benefits for therapy services rendered to the patient, directly be paid to Sensory Kidz , LLC.

I understand that I am financially responsible for any charges not covered by health care benefits. It is my responsibility to notify the organization of any changes in my health coverage. In some cases, exact insurance benefits cannot be determined until the insurance company receives the claim. I am responsible for the entire bill or balance of the bill as determined by Sensory Kidz, LLC and/or my health care insurer if the submitted claims or any part of them are denied for payment.

I understand that If i do not have insurance or choose to pay out of pocket I am responsinble for payment in its entirety.

I understand that Co payments and any out of pocket payments for services are due prior to the rendering of services.

I also, understand that I am financially responsible for any charges including attorneys fees , interests, balances and all costs as related to the collection of any paymenty due to Sensory Kidz, LLC

It is understood that attesting to the form means I am accepting financial responsibility as explained above for all payment for products and services received from Sensory Kidz, LLC

Sensory Kidz, LLC shall be entitled to full amount of its charges without offset or reduction

IN WITNESS WHEREOF, the parties have executed this Agreement on DATE_____

POLICY HOLDER/ LEGAL REPRESENTATIVE

_____
Signature

SENSORY KIDZ, LLC

_____
Signature