

Milestones in the Making

YMT & Associates, Inc.

Office Policies

We strive to provide to the fullest extent possible, a positive provider/client relationship. Please be assured that we are always working in the best interest of your child. In order to accomplish this, we must ask for your full understanding and adherence to our policies listed below.

IMPORTANT, PLEASE READ AND INITIAL EACH SECTION, AND SIGN BELOW

Evaluation

Evaluation fees include all test protocols, scoring the tests, dictating the report, transcription, editing, initial copying and mailing/faxing. _____

It is not necessary for both parents to attend the evaluations, as no immediate verbal feedback will be given at that point. Unless your child would like the parent to stay, you may drop off your child and pick him/her up at the end of the session(s). _____

Following the final evaluation session or after all rating scales are received (if applicable), you can expect to receive your written report within **20 business days (excluding holidays)**. After receipt and review of your report, please contact us if you desire follow-up consultation. This is scheduled only at parent request. _____

Consultation

The **first 15 minutes of consultation** before testing is complimentary (done by phone or in person at the time of the first appointment). If an additional consultation is requested, the consultation (office-based or telephone) and written correspondence fee is \$120.00 per contact hour with a minimum of one-half hour billed. _____

Consultation (e.g., IEP meetings) held at locations other than the office (School, physician's office, home, daycare, preschool, social service agency, etc.) will be billed at \$130.00 per hour with a minimum of one hour billed. If the meeting should run over the minimum one hour being charged, you will be billed accordingly and is due upon receipt. _____

Payment

Payment is due at the time service is rendered. Contracts for installment payments **ARE NOT available.** Cash, check, Visa and MasterCard are welcome. Should your check be returned to our office as non-payable, there will be a **\$35.00 fee** assessed to cover handling charges. _____

Insurance

Our office does not file health insurance claims directly. Necessary documentation will happily be provided to the insured (**At the time of report distribution**), but he/she must file independently. However, we would strongly recommend each individual check with his/her insurance carrier regarding payment of services and also regarding limitations of service on any one day. **The procedure code for testing is 96130.** _____

Cancellation policy

If cancellations occur with less than **72 hours (3 days)** notice, we reserve the right to charge for appointments canceled. A missed appointment fee of **\$100** will apply, except in cases of illness or emergency. _____

Collections

Any attempts to collect on a balance that is past due will result in the charges being passed on to the parent or guardian. In the event of litigation, the debtor shall, in such litigation, reimburse Milestones in the Making for all reasonable attorney fees and court costs, and any other fees assessed in the collection attempts in this matter. _____

I have read and fully understand and agree to all terms outlined and will abide by the Office Policies of YMT & Associates, Inc.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date