



2 Pillsbury Street, Suite 404
Concord, NH 03301
Phone: (603) 228-STAR (7827)
Fax: (603) 228- 7828
www.swingforthestars.com

Insurance Form

Child's Name: _____ Child's DOB: _____ Child's PCP: _____

Please check if you will be paying privately for services rather than having services go through your insurance provider

Insured's Information

Insured's Name: _____ DOB: _____ Employer: _____
Address: _____ Home Phone: _____
_____ Mobile Phone: _____

Primary Insurance Information

Insurance Carrier: _____ ID #: _____
Provider Services Number (back of card): _____ Group #: _____

Secondary Insurance Information

Insurance Carrier: _____ ID #: _____
Provider Services Number (back of card): _____ Group #: _____

Policies regarding payment for therapy services:

- Swing for the Stars will bill your insurance directly at your request once all of the necessary insurance information has been obtained by our billing office.
- Submission of claims to your insurance company does not guarantee payment for therapy services.
- The individual signing this form shall be held financially responsible for all balances classified as "Patient Responsibility" by your insurance company.
- Copayments and private pay fees for all services are due at the time of service. All checks should be made payable to *Swing for the Stars Pediatric Therapy Center*.
- If your insurance carrier does not consider our therapy services to be "medically necessary" based on your carrier's medical necessity policy, you will be responsible for balances related to those services that were provided, and you will be charged our private pay rate.
- It is your responsibility to notify billing personnel when any changes have occurred with insurance, including but not limited to a change of plan or change in insurance carrier, as well as changes in your child's PCP.
- Any claims denied by your insurance carrier as a result of failure to communicate change in insurance coverage or your child's PCP to our billing office will be considered patient responsibility and will be billed to the family at our private pay rate.
- Balances that are not paid within 30 days of the due date will be considered overdue. Overdue balances may result in discontinuation of therapy services until payment is made in full.
- Swing for the Stars does offer interest-free payment plans to help families take care of larger balances.

- Balances that are not paid within 90 days of the due date may be subject to collections actions.
- If you fail to make payments towards your balance due on a consistent basis while your child is receiving therapy services, Swing for the Stars reserves the right to place your child's therapy services on hold until which time the balance has been taken care of.
- Swing for the Stars will direct bill only those insurance companies that we are contracted with. In instances where your insurance company is not one that Swing for the Stars is contracted with, you may choose to pay privately for services and submit claims to your insurance company independently. At your request Swing for the Stars will provide you with a monthly billing statement including all necessary information for submission of your claim to your insurance company.

I have read and agree to all of the outlines policies indicated above. I understand that all outstanding balances not covered by my insurance will be my financial responsibility, and failure to abide by these agreed upon policies may result in discontinuation of my child's therapy services at Swing for the Stars.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date