Easter Seals DuPage and the Fox Valley Region

Rosalie Dold Center Villa Park, IL 60181 **630.620.4433**
Lee A. Daniels Center Naperville, IL 60540 **630.357.9699**
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SERVICE AGREEMENT

I wish to enroll my child/ward for therapy services at Easter Seals DuPage and the Fox Valley Region. Services may include one or any combination of the following:

Occupational, Physical Therapy at $180 per hour
Speech-Language Therapy at $90 to $255 per visit (dependent on services provided)
Assistive Technology Therapy at $90 to $255 per visit (dependent on services provided)
Nutrition Therapy at $112 per hour
Aquatic Therapy at $196 per hour
Annual Assessment for ongoing therapy service at $200 per hour (two hour maximum charge)
These fees may be changed upon 30 days prior written notice

Effective: December 2009

I consent to the provision of prescribed services and understand the following:

1. Services provided may change depending on the needs of the child.
2. Fees for service are subject to change.
3. I am responsible for all co-payments and deductibles that are deducted from service payments from 3rd parties.
4. I am responsible for any charges denied by 3rd party payors.
5. Easter Seals DuPage and the Fox Valley Region (herein after referred to as the Center) provides the service of filing third-party claims (i.e. insurance). The service of claim filing DOES NOT release the client family from financial responsibility for treatment costs. Insurance companies and other third-party payors act as agents of the client, and payments are made on behalf of the client. When a client's agent (i.e. insurance company) fails to make payment for services within 90 days, regardless of the reason, the outstanding amount due will become part of the client family's personal balance.
6. Client families are expected to pay outstanding personal balances in full each month. The terms of the Center are net 30 days. We reserve the right to charge interest of 1% per month for balances greater than 90 days, (finance charge has an annual percentage rate of 12%).
7. Should financial hardship arise, the client's family should contact the Center's Client Services Department immediately to arrange a satisfactory means for addressing the obligation. It is understood that the Center, with proper notice, will suspend services if at any time it is determined that satisfactory progress is not being made to retire the outstanding debt.
8. Client families are responsible for obtaining and renewing current authorizations, referrals and prescriptions, and failure to secure the aforementioned will result in the cancellation of scheduled services.
9. I authorize the release of any medical or other information necessary to process insurance claims.
10. It is my responsibility to verify benefits with my insurance company (or any other 3rd party payor). If the Center is asked to contact my agent to verify benefits for me, I understand that benefit verification is NOT a guarantee of future payment.
11. Services are scheduled by appointment only.
12. The Center must be informed of all cancellations no less than 24 hours prior to the scheduled appointment. A voicemail system is provided for after-hour messages. I understand that failure to contact the Center prior to a scheduled appointment may result in a charge for scheduled services.
13. Every effort will be made by the Center to reschedule cancelled services; I agree to reschedule cancelled appointments whenever possible.
14. Chronic cancellation can, and will, lead to discharge from the Center. Clients attending less than 75% of scheduled appointments in any three-month period are subject to discharge unless extenuating circumstances are discussed with your Case Manager. Failure to attend scheduled therapy sessions for two calendar weeks without notification will result in dismissal from the Center.

RELEASE AND INDEMNITY AGREEMENT

The undersigned specifically assumes all risk of injury or damage for himself/herself and for his/her child or ward arising from any treatment at the Easter Seals DuPage and the Fox Valley Region (hereinafter referred to as the "Center"), the use of its premises or equipment, or from any portion of the therapy program including the photographing, filming, or videotaping of the person enrolled and waives any and all claims against the Center and agrees to indemnify and defend the Center against any and all claims brought by or on behalf of his/her child or ward arising from any treatment at the Center, the use of its premises or equipment from any portion of the therapy program, including the photographing, filming, or videotaping of the person enrolled. Furthermore, in consideration of the services provided under the Agreement, the undersigned hereby on behalf of him/herself and for his/her child or ward hereby releases and discharges the Center, its directors, officers, employees, and its agents, their successors and assigns and agrees to hold it on demands, known and unknown, present or future, anticipated or unanticipated, including without limitation claims for loss of damages to property or injuries to or deaths of persons that may be asserted against it or them by or on behalf of his/her child or ward arising from any treatment at the Center, use of its premises or equipment or any portion of the therapy program.

YOUR SERVICE AGREEMENT MUST BE RENEWED ANNUALLY. The Center must receive notification of any insurance or other financial changes as soon as information is available. Failure to notify the Center of changes in coverage including policy cancellations or additions will result in the client family being responsible for full payment of fees.

SIGNATURE: _____ DATE: _____

FULL NAME OF PARENT/LEGAL GUARDIAN: _____
Please Print

CLIENT NAME: _____
Please Print

HOME ADDRESS: _____

E-mail Address: _____

Home Phone: _____ Alternate Phone: _____

NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I have received and had an opportunity to ask questions concerning Easter Seals DuPage and the Fox Valley Region's Notice of Privacy Practices.

_____ _____
Signature of Patient or Patient's Representative Date

_____
Representative's Relationship to Patient

Revised 6/08; 11/09