



Terms of Payment Agreement

I, _____, acknowledge and accept full and complete responsibility for prompt payment of all services rendered to my son/daughter, _____, by Leaps and Bounds, LLC.

I understand that I will receive an invoice via e-mail from "Leaps and Bounds, LLC" on the 1st of the month following my child's services and my credit card will be charged in full for the services. If the credit card is declined, I agree to pay a 5% processing fee and understand that my child's services will be suspended until the payment is received.

I understand that health insurance policies and reimbursement are between myself and the health insurance company and that Leaps and Bounds does not accept 3rd party payments from insurance companies. Any payments received will be immediately returned to the insurance company and I will be notified to collect the payment directly.

I understand that cancellations must be made 24 hours in advance or I will be billed at the full rate. It is important for Leaps and Bounds to have sufficient notice in order to schedule make-up sessions with other clients. I understand that the cancellation policy will include one missed session every 8 weeks without being billed for that session (as long as 24 hour notice is given). Any other cancellations will be billed at the hourly rate.

I understand that Leaps and Bounds, LLC does not close for holidays or inclement weather unless contacted by my child's therapist. If I need to cancel in these situations, I understand that I must contact my child's therapist by 7am that day or I will be billed at the full rate.

E-mail _____

Name on Credit Card _____

Credit Card Type Visa MasterCard

Credit Card Number _____

Address _____

Expiration Date _____

CVV Code: _____

By signing this form, I am stating that I received a written explanation of the fee schedule and agree to all terms of the policy.

Signature of Parent/Guardian

Date