



Payment Policy

Be sure to read these policies carefully – they will impact your time at ABG.
After you have read it, sign this form and bring a copy to your first appointment. Please save a copy of the form in your folder for reference.

Co-payments, Co-insurance, Deductibles, and Private Payment are the responsibility of the client and due at the time of service. If payment is not received at the time of service for whatever reason, you will be emailed a statement which you can then easily pay –online using a credit or debit card. Balances over 30 days past due will be assessed a monthly interest fee of 10%. To avoid this, you must pay any outstanding balance in full every month. We accept cash, checks, and Visa and Mastercard. There is a \$35 fee on returned checks.

After 45 days of non-payment on an account, ABG Therapy may discontinue services unless a payment has been arranged. We are flexible and happy to work with you to arrange a payment plan so that the client can receive the services he or she needs.

After 90 days of non-payment, further action will be taken to collect the balance.

Be sure to notify us immediately if your insurance changes. You will be responsible for any portion of your bill that your new insurance does not cover for any reason.

Please talk to Heather Michaud (Front Desk Manager) or Mary Nel (Owner and Managing Director) if you have any questions regarding this policy.

I have read and agree to abide by the above policies.

Client name: _____

Name of responsible party: _____

Signature of responsible party: _____

Date of signature: _____