



Terms of Payment Agreement

I, _____ acknowledge and accept full and complete responsibility for prompt payment of all services rendered to my child _____ by Jumpstart Therapy, LLC.

I acknowledge that I have received written explanation of the fee schedule, the cancellation policy, and the 5% late fee for outstanding balances not paid by the 1st of the month and agree to these terms. I agree to pay promptly upon receipt of the monthly bill.

I understand that Jumpstart Therapy, LLC does not participate with my health plan and as such has no responsibilities to the insurance company. I understand that all services rendered to my child are charged directly to me, and that I am personally responsible for payment to Jumpstart Therapy, LLC. I understand that agreements regarding fee schedules, charges for cancelled appointments, and late payment fees are between myself and Jumpstart Therapy, LLC and are not related to potential health insurance coverage.

Signature of Parent/Guardian

Date