



### 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 1<sup>st</sup> of the month and agree to these terms. I agree to pay for all services rendered to my child.

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