Payment Policies

The cost of the evaluation is due at the time when services are rendered. For patients that schedule an evaluation and do not show to that evaluation a full session rate will be charged. After the initial evaluation, services will be billed on a monthly basis. Payment is due in full at the end of every month. Clients will receive a bill suitable for insurance purposes.

In addition to weekly appointments, we charge for other professional services you may need. Hourly costs will be prorated if work is less than one hour. These ‘other services’ could include report writing, IEP assistance, telephone or in person conversations lasting longer than 15 minutes.

There will now also be a yearly 'reevaluation charge'. This will be the same price as the initial evaluation. We will also send a yearly update report to your physician.

We reserve regularly scheduled appointments for our clients. In consideration for all clients we start and end the session at the regularly scheduled time and appreciate our families’ cooperation in this policy. We believe that children who come consistently to therapy make the most progress, however, we do understand that there are times when it is necessary to cancel a session. We ask for 24 hours notice if you find that you cannot make your appointment. Last minute cancellations (i.e., less than twelve hours before the designated appointment and/or no calls or no shows) will be billed for the entire treatment session missed. Exceptions to the cancellation policy will be made for clients who are ill upon awakening. Please call and leave a message first thing in the morning (before 8AM) if your child is sick. If you wait until right before the appointment to call and cancel you will be billed. If the weather is bad, we will contact you to discuss arrangements. If you are calling to cancel on the morning of the appointment, please call 703.606.6213 or send an email to: Progressivepediatrics1@gmail.com

We accept payment by check, cash, MC and Visa.

Patient/Responsible Party signature:____

Date: ____