

Payment Policy

Dear Family,

All patients are required to provide a valid credit card as a condition of admission. We have a pay at the time of services policy. Co-payments, deductibles, and coinsurance of insurance plans and self-pay payments will be due at the time of your appointment. We will charge your card once per visit for the amount due.

If you have questions about this change, please contact our office manager Janet, at 630-236-7000 or email info@sptherapies.com.

VISA/MC & DISCOVER

Visa

Mastercard

Discover

Account # Exp. Date:

CVV:

Signature: _____

Patient Name(s):

Address:

I would like a call at this number with the

amount of the charge if over \$

I understand a message will be left with the amount charged if I do not answer.

Sincerely,

Suburban Pediatric Therapies