THE ELY CENTER LLC ™
Where Everyone Has a Voice
400 Hunnewell Street Needham, MA 02494 | phone 781-400-2605 | 781-400-2687 | email office@elycenter.com | web www.elycenter.com

Payment Agreement and Insurance Information

I/We, _____ , agree to pay the total balance on my son or daughter, _____, to The Ely Center, LLC regardless of whether my insurance company agrees to reimburse me for these services. I understand that the cost of an Ely Center group session is $80 per visit and the cost of an individual session is to be determined by the clinician's rate ($110-$150/hr).

I/We also understand that at least one half of payment due must be received by the child's first group session. Should I/We elect to make half payment, I/We acknowledge that the second half is due by the designated halfway point for Winter/Fall Semesters. Spring term is a continuation of winter term with separate billing to be sent in April. Full payment for the spring term is due on or before the first spring group session. I/We agree to make payment by these dates. If more than one parent signs this agreement then the obligations shall be joint and several. We reserve the right to change billing practices without prior notice for individual families.

If I/we fail to make any payments, then a $25 service charge will be added to the balance. This balance shall then accrue interest (compounded monthly) at the rate of one and one-half (1½%) percent per month. In the event any sum is not paid when due, the undersigned parent(s) agree to pay all costs of collection, including, but not limited to, reasonable attorney fees, which fees and out of pocket costs shall also accrue interest as above.

By signing this binding contract, I/We acknowledge my full comprehension of this payment agreement and agree to abide by the aforementioned billing policies.

_____ Please Initial

Insurance Information - The Ely Center, LLC will make reasonable efforts to provide you such documentation requested by your insurance provider to allow you to seek. However, such efforts shall be limited and determined in the sole and absolute discretion of The Ely Center, LLC and shall merely be a courtesy to you and your payment to us is neither contingent upon your recovery of any insurance nor shall payment of our fees be delayed nor hindered in any way should you choose to seek such reimbursement.

Our policies for rates and additional information package, which we acknowledge receipt of a copy, are incorporated herein. Any payment due beyond 30 days will be reported to credit companies.

Credit Cards Payment by credit card, PayPal, or similar method, which results in any fees or costs to us, shall be credited to your bill only with the net amount received by us. Thus, you will not be credited with the full amount of that which you charged to us.

_____ _____
Signature of Parent date Signature of Parent date

The Ely Center, LLC

_____
BY: Pamela Ely, M.S. CCC-SLP date

Revised 9/2016