

1428 Sunrise Plaza Dr. , Suite 301 Clermont, FL 34714 Info. 352-301-7535

within 30 days of the date of the bill.

PAYMENT POLICY

1. Payment is expected at the time services are tendered, unless oth arrangements were made in advance and approved by Director.	eı
2. If services are billed, the terms are "Net 30", meaning that payment in for is expected	ul

3. PLAY PALS THERAPY INC., will help in the filling of Insurance claims, but the recipient of services is ultimately responsible for payment of the bill.

Patient Name	Date
Responsible Party	Date