



**Method of Payment Form
Summer 2008**

This form was developed to help you decide the best way to pay for your/your child's lessons with Therapeutic Horsemanship. Our goal is to educate each family that rides with us as to our payment methods and payment forms prior to the beginning of each session. After you read through this form, please let us know of any questions about TH's payment policies by calling the office at 636.332.4940. We look forward to providing you/your child with a wonderful, therapeutic and fun riding experience.

Each Rider/Rider's Legal Guardian Must Complete This Form

Fees charged by TH include lesson fees and a non-refundable administration fee.

TH accepts payment in full prior to the beginning of the session or payment in three equal monthly installments. For your convenience TH accepts payment by **Cash, Check and Visa or MasterCard.**

Please select payment method:

- Payment in full
- Payment in three equal monthly installments (first payment will be due with your completed application forms and subsequent payments will be automatically billed to your credit card on the 1st of each month.)

Please select payment form:

- Check (Please make checks payable to **Therapeutic Horsemanship**)
- MasterCard / Visa (circle one)

Name as it appears on card _____

Account Number _____

Exp. Date _____ 3 digit security code _____

Signature _____

Alternate Forms of Payment

I/We will seek payment for my/my child's lessons through one of the following agencies. I understand that I am responsible for contacting my Case Manager to arrange for **pre-authorization for Therapeutic Horsemanship.**

We must have a copy of the Service Authorization and Input Document before you/your child can begin riding. If you are unsure what this is, please contact your Case Manager. Services will not be paid for by Regional Center unless their forms have been signed by the service provider (TH's Therapist) therefore it is important to note that you must provide TH with your Case Manager's name and phone number.

Case Manager Name _____ Phone Number _____

Please indicate which Third Party Provider you have made arrangements with:

_____ **REGIONAL CENTER** (serving the counties of Missouri)

- Department of Mental Health – First Steps
- Family Directed Support
- Eastern Missouri Autism Project

_____ **DEPARTMENT OF HEALTH**

- Bureau of Special Health Care Needs – First Steps

_____ **MEDICAID/INSURANCE- You must provide TH with a copy of your Medicaid card and/or insurance card with your registration materials.** You should also call your insurance provider to make sure services are covered. Services are billed as either Occupational, Physical or Speech Therapy. Co-payments will now be required each time you/your child rides. Your co-payment is listed on your insurance card.

Medicaid # _____ Medicaid Program _____

Health Ins Provider _____ Policy Number _____ Group Number _____

PLEASE NOTE: Therapeutic Horsemanship cannot accept payment from MC+

SCHOOL IEP OR IFSP INDICATING THERAPEUTIC HORSEMANSHIP FOR CLIENT.

- IEP – School District _____ (Name of School District)
- IFSP – Individual Family Service Plan _____ (Agency)

Statements of Financial Responsibility

I accept full financial responsibility for all therapy services provided to the client named in this application, regardless of third-party coverage. I assume full responsibility in the event that the third party provider denies payment in full or in part.

Rider/Legal Guardian Signature _____ Date _____

I authorize Therapeutic Horsemanship to provide any and all information to the above funding source in order for payment to be made on my/my child's behalf.

Rider/Legal Guardian Signature _____ Date _____