



4918 Milam St
Houston, Texas 77006
Phone: 713-807-1131
Fax: 713-807-1141

Irrevocable Assignments and Financial Responsibility

___ I hereby authorize all responsible parties to pay directly to Pediatric Helping Hands Therapy, all benefits and amounts due for services rendered by Pediatric Helping Hands Therapy staff.

___ I hereby authorize all responsible parties to pay directly to JMST for Kids, Inc. all benefits and amounts due for services rendered by Jodie Holleman-McCarty.

___ I hereby authorize all responsible parties to pay directly to Speech Tree, Inc. all benefits and amounts due for services rendered by Heike A. Tiensch and her staff.

___ I hereby authorize all responsible parties to pay directly to MVPT for Kids, Inc. all benefits and amounts due for services rendered by Maria Varela.

I understand that if the above referenced service providers are not paid in full by proceeds of paid benefits, then this assignment does not release my obligation and liability for payment for all services and items provided to me or the below referenced patient. In the event that no benefits are paid by the responsible parties, then I agree to pay the above referenced service provider(s) for all charges in excess of the benefits paid.

All payments will be made payable to the designated service provider at:

4918 Milam St
Houston, Texas 77006

The terms and consequences of these irrevocable assignments and financial responsibilities have been fully explained to me to my understanding, and I have signed this document freely and without inducement other than the rendition of services by the designated service provider(s).

Printed name of Patient

Date

Signature of Patient's Authorized Guardian

Date



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Recurrent Payment Authorization Form

Your payment can be scheduled to automatically charge your Visa, Master Card, American Express, or Discover Card.

Benefits of recurring payments:

- Convenience: Saves you time, postage, and worry.
- Payment is always on time (even if you are out of town).

How recurring payments work:

You authorize Pediatric Helping Hands Therapy to make charges to your credit card for rehabilitation services. You will be charged the amount owed each month for services provide and/or claims adjudicated by insurance during the billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as "ACH Debit". You agree that no prior-notification will be provided unless the date changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the following information:

I, _____, authorize _____ to
(Full name)

charge the credit card indicated below for rehabilitation therapy service charges at the time services are rendered.

Billing address: _____

City, State: _____ Zip Code: _____

PhoneNumber: _____ Email: _____

Credit Card Information	
<input type="checkbox"/> Visa	<input type="checkbox"/> American Express
<input type="checkbox"/> Mastercard	<input type="checkbox"/> Discover
Cardholder Name: _____	
Account Number: _____	
Expiration Date: _____	
CCV#: _____	

Signature: _____

Date: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the above referenced business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, the funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF), I understand that there may be another attempt to process the charge again within 30 days, and agree to an additional \$25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company so long as the transactions correspond to the terms indicated in this authorization form.