



Credit/Debit Card Agreement

Information entered in this form is strictly confidential and full credit/debit card numbers cannot be seen by any employee or administrator. My Kids Place requires families to keep a form of payment on file in support of our cancellation/no-show appointment policies. Thank you for your understanding.

FINANCIAL AGREEMENT

It is my understanding that any charges such as missed appointment fees, copays and/or coinsurance amounts associated with services rendered will be collected on each visit unless other arrangements are made. It is my responsibility to provide all necessary insurance information to My Kids Place in writing. I further agree to have My Kids Place submit for payment for provided services to my insurance provider on my behalf. However, in the event my insurance coverage cannot be verified at the time of treatment or claims are denied, I will agree to pay My Kids Place for all charges incurred.