

# Educational Special Needs Services

PO Box 17751 ~ Tucson, AZ ~ 85731-7751

520-272-4020

8:00 a.m. - 4:00 p.m. ~ Monday - Friday

## Client Policy Agreement/Billing Contract (6/08)

- Service Providers**                      Service providers maintain their own hours. Clients must contact their own service provider regarding any scheduling needs or changes.
- Fees**    Sliding Scale Scholarships (depending on available scholarship funds) based on your yearly adjusted gross income are available to assist families with service fees. See Service Fees on the reverse side for current information. Checks must be made out to Educational Special Needs Services or ESNS.
- Payment**                                      Billing for services rendered during the current month will be mailed on the first business day of the next month and must be received by the 20<sup>th</sup> of that month. A 10% late fee will be assessed on the 21<sup>st</sup> of each month for any unpaid balance. Services will be suspended on the first service day of the next month if the balance due is not paid in full. Please call 808-7507 regarding billing questions.
- Appointments/  
Sessions**                                      All appointments/sessions are scheduled with each service provider. Changes must be arranged with your service provider in advance. All clients are provided with contact numbers for individual service providers.
- No Show/  
Cancellation**                                      An adult must cancel any scheduled appointment/session with the service provider no less than 2 hours prior to the scheduled appointment or session. Cancellations less than two hours prior or 'No Shows' will be charged at the full rate. Scholarship assistance is not applied for late cancellations/No Shows. Do not call the office or the school where services are provided to cancel a scheduled appointment/session.

**I/we, the undersigned, have read and agree to the policies stated above.**

Parent/Guardian Name(s) \_\_\_\_\_

Student Name/School/Grade \_\_\_\_\_

Billing Address/City/State/Zip \_\_\_\_\_

Phone Number/E-mail \_\_\_\_\_

Parent/Guardian Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Please call the office number with any questions you may have.

**RETURN COMPLETED FORM TO THE ESNS OFFICE**