

Special Needs

Pediatric Therapy Services

Our practice is now offering a new billing option for receiving monthly invoices. Invoices can now be sent to the email address of your choice in a password protected manner in order to protect your child's private healthcare information in a HIPAA compliant fashion. Paper invoices via standard mail delivery will remain available should you prefer to continue to receive your invoices this fashion.

If you elect to receive your invoices via email, there are a few simple directions for you to follow:

1. Fill in the form at the bottom of this page, being sure to include all requested information. Please be sure to write your e-mail address clearly in order to avoid errors and expedite your transition to electronic invoices.
2. Return this form via email: stimedbill@msn.com *or*
mail: Special Needs Pediatric Therapy Services
4411 Suwanee Dam Rd., Suite 455
Suwanee, GA 30024 *or*
fax: 678-298-7100
3. Please add stimedbill@msn.com to your contacts list in order to decrease the possibility of your invoices being caught in a spam filter.
4. Please send us an e-mail from the e-mail account to which you would like your invoices sent. The subject of this e-mail should be: "electronic invoice request". In the body of your e-mail please note your child's first name and DOB so that we can accurately match your request to your child's account. You will receive a reply to this initial e-mail which will include the password. You will need this in order to open your invoices. Should you ever misplace your password, please contact Janet Speers at stimedbill@msn.com or at (208) 286-9922.

Thank you.

Janet Speers
Billing Manager

I would like to receive all future invoices from Special Needs Pediatric Therapy Services via email at the following account: _____

Child's Name: _____ Child's DOB: _____

I understand that I can revoke this option at any time by notifying Special Needs Pediatric Therapy Services in writing.

I prefer to receive my invoices in the following format:

Excel Spreadsheet Adobe PDF

Signature of Parent/Guardian

Date