



Patient Payment Policy

Thank you for choosing Center for Speech Language and Learning as your Therapy Provider. We are committed to providing the best Therapeutic care possible. Please understand that payment of your bill is part of your treatment. The following information explains our Financial Policy, which we ask that you read, sign and return to us prior to your treatment.

- All patients/ Parents should provide accurate and complete personal and insurance information prior to being seen by the Therapist.
- All applicable co-pays, co-insurances, personal balances, both current and prior, are due at the time of service.

For your convenience, we have answered a variety of commonly-asked financial policy questions below. If you need further information about any of these policies, please ask to speak with the Office Manager.

How May I Pay?

We accept payment by cash and / or check.

What Is My Financial Responsibility for Services?

Your financial responsibility depends on a variety of factors, explained below.

Office Visits and Office Services

If You Have...	You Are Responsible For...	Our Staff Will...
Commercial Insurance Also known as indemnity, "regular" insurance, or "80%/20% coverage."	Payment of the patient responsibility for all office visits, or charges at the time of office visit.	Call your insurance company ahead of time to determine deductibles and coinsurance. File an insurance claim as a courtesy to you.
HMO & PPO plans with which we have a contract	<u>If the services you receive are covered by the plan:</u> All applicable co pays and deductibles are requested at the time of the office visit. <u>If the services you receive are not covered by the plan:</u> Payment in full is requested at the time of the visit.	Call your insurance company ahead of time to determine co pays, deductibles, and non-covered services for you. File an insurance claim on your behalf.
HMO with which we are <u>not</u> contracted.	Payment in full for evaluations and therapeutic visits, and other charges at the time of office visit.	Provide the necessary information for you to complete and file your claim directly with the insurance company.
Point of Service Plan or Out Of Network PPO	Payment of the patient responsibility—deductible, co pay, non-covered services—at the time of the visit.	Call your insurance company ahead of time to determine out of network benefits, co pays, deductibles, and non-covered services. File an insurance claim on your behalf.
Medicare	If you have Regular Medicare, and have not met your \$124 deductible, we ask that it be paid at the time of service. Any services not covered by Medicare are requested at the time of the visit.	File the claim on your behalf, as well as any claims to your secondary insurance.

If You Have...	You Are Responsible For...	Our Staff Will...
Medicare Continued...	<p><u>If you have Regular Medicare as primary, and also have secondary insurance or Medigap:</u> No payment is necessary at the time of the visit.</p> <p><u>If you have Regular Medicare as primary, but no secondary insurance:</u> Payment of your 20% co pay is requested at the time of the visit.</p>	
Medicare HMO	All applicable co pays and deductibles at the time of the office visit.	File the claim on your behalf, as well as any claims to your secondary insurance.
No Insurance or insurance does not cover the service requested	Payment in full at the time of the visit.	Work with you to settle your account. Please ask to speak with our staff if you need assistance.

Missed Appointments

Unless canceled at least 24 hours in advance, our policy is to charge \$50.00 for a missed appointment. Please help us serve you better by keeping scheduled appointments. This fee is not covered by insurance so it will be your personal responsibility to pay. **If you 'no-show, no call' three times your clinician may consider dismissal.** We consider our work with you or your child to be integral to life success. We hope to partner with you for maximum outcomes and attendance is the only way to achieve this.

Past Due Accounts

Overdue accounts will be referred to small claims court. Legal fees that we pay to secure past due balances will be added to your account.

Co-Pay Balances

Payment for **co pay is expected at time of service.** Legal fees that we pay to secure past due co-pay balances will be added to your account. This fee is not covered by insurance so it will be your personal responsibility to pay.

Returned Checks

For checks returned to us as unpaid by your bank, we will charge a returned check fee of \$40.00.

I have read, understand, and agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable copayments, co-insurance and deductibles, are my responsibility. I authorize my insurance benefits be paid directly to Center For Speech, Language and Learning Inc...

I authorize Center For Speech, Language and Learning Inc. to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.

Signature of Patient or Legal Guardian: **X**_____

Printed Name: _____

Date: _____