

ElderCom of Clear Lake, Inc.

Patient Financial Responsibility

Payment is required at time of service. You are responsible for the initial authorization required by your insurance company. You are responsible for payment if insurance company does not provide coverage for speech therapy or fails to pay the negotiated amount in full. Verification of benefits is not a guarantee of payment. Specific plan provisions, exclusions and limitations will be applied by the insurance company when the claim is processed. You are responsible for the full amount of the evaluation if physician's order is not available at time of evaluation. All copay charges are due at the time of service.

A twenty four hour cancellation notice is required. Late cancellation and no show charges of your regular session rate are due prior to the next session. You may waive your late cancellation/no show fee by rescheduling the missed appointment during the same week. Insurance companies do not cover these charges.

I understand I am responsible and will pay for all above charges before my child or I attend the next therapy session.

Signature

Date

