# **Billing and Payment Policy**

\_\_\_\_\_\_The Speech Academy, Inc. will deliver an invoice to the Client (the party responsible for payment) at the end of each speech therapy session. Payment (or copayment) for services is due the day services are rendered in the form of cash, check, or credit/debit card payment. If paying by debit or credit card, a two-dollar fee is applied. The Speech Academy will request a copy of a credit/debit card to have on file in the case of another individual bringing the Client for speech therapy appointments. Receipts/invoices are available upon request. Invoices will be sent by email to the Client unless otherwise specified.

\_\_\_\_\_\_If the Client is a member of an insurance company of which The Speech Academy is a network provider, The Speech Academy will submit payment claims on behalf of the Client to the insurer. The Speech Academy will submit claims to the insurance company, as a courtesy to the Client, a maximum of two times. Any further insurance appeals are the responsibility of the Client. This includes, but is not limited to, insurance company denial of coverage for any procedure and/or diagnostic code, policy deductibles, policy maximums for annual or lifetime benefits being exceeded, insurance paying an amount for a procedure based on its usual and customary benefit schedule which is less than the fees charged by The Speech Academy for such procedure, and The Speech Academy not receiving payment within 45 days even if you are appealing the denial of insurance benefits by the carrier. The Speech Academy is not responsible for tracking the number of allowable visits/sessions per coverage period. This is solely the responsibility of the Client.

\_\_\_\_\_\_If the Client is the member of an HMO, a referral is required prior to services being rendered by Language Essentials. If we do not have a referral at the time of the patient’s initial appointment, the appointment will be rescheduled, or, by signing this document, the Client accepts responsibility for all charges incurred until a referral and payment are received by Language Essentials.

\_\_\_\_\_\_The Speech Academy is not responsible for tracking the expiration dates of insurance coverage authorizations. It is solely the responsibility of the Client to monitor coverage authorizations, inform The Speech Academy of pending expiration dates, and to request new authorizations from their insurance carrier.

\_\_\_\_\_\_The Speech Academy will be paid in full by the Client regardless of the status of the Client’s reimbursement with his/her insurance company. The Speech Academy has no responsibility for non-reimbursement by the Client’s insurance company.

\_\_\_\_\_\_In the event of illness or other scheduling conflict, the Client will contact The Speech Academy as soon as possible (at least 24 hours in advance). Appointments missed without cancellation notice will be billed to the Client at the missed session rate of $35.00 per session. It is within The Speech Academy’s discretion to cease scheduling the Client for future appointments if there are repeated cancellations or no-shows.

As the party responsible for payment to The Speech Academy, Inc., I have read this policy. I understand the Billing and Payment Policy and agree to its terms as presented.

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Signature of client (Party responsible for payment) Date