Laryngenesis
SPEECH + LANGUAGE PATHOLOGY

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Laryngenesis
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OFFICE USE ONLY	
ID	
DATE	
OTHER	

PAYMENT POLICY

Thank you for choosing Laryngenesis for your child's speech-language services. We are committed to helping your child reach the goals of his/her individualized treatment plan. Our services, including travel and specialized therapy materials, depend on the timely payment of accounts. Please read and sign this policy to indicate your understanding and agreement.

FULL PAYMENT IS DUE BY THE 5th OF THE MONTH, UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE.

INSURANCE: Full payment is due directly to Laryngenesis. Your insurance policy is a contract between you and your insurance company. Please be aware that some, and perhaps all, of the services provided by Laryngenesis may be non-covered services and not considered reasonable, customary and/or medically necessary under your medical insurance plan. You may seek reimbursement for these services directly from your insurance company. If you are unsure about the process for filing a claim, we recommend that you call the customer service number on the back of your insurance ID card.

Speech-language services provided by Laryngenesis may be considered out-of-network by your insurance company. If this is the case, we will provide to you all information requested from the insurance company, including diagnoses codes and treatment plans. **We are not responsible for any charges your insurance company considers to be in excess of reasonable or customary fees as well as those considered medically unnecessary.**

By the execution hereof, the undersigned acknowledges his/her/their responsibility to pay any amounts not paid or reimbursed by insurance. The undersigned specifically accepts all financial responsibility for all services provided to the herein named patient by Laryngenesis and understands that regardless of what the insurance company agrees to pay, the undersigned will be responsible for the balance. Said balance will be paid without regard to the status of processing by the insurance carrier.

Usual and Customary Rates: Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area and for our services. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

BILLING: Sessions are billed monthly for the upcoming month. For example, if your child will be seen once per week for 1 hour, the monthly (four week) bill will include 4 hours of therapy. Your monthly bill should be paid at the start of the month, no later than the 5th of the month. If your payment is not received by the end of your child's first session that month, services will cease until payment is received.

CANCELLATIONS: All canceled appointments will be rescheduled if possible. Missed appointments jeopardize the therapist's travel time, planning time, and report writing. Please be considerate of your therapist's time by canceling appointments within a reasonable amount of time. Please review the policy below:

Canceled by you with prior notice: rescheduled session at a time that the therapist is available.

Canceled by you with **no prior notice** ("no show"): session will be charged at 50% of the normal session rate.

- If the child is absent from school or other facility on the day of a scheduled Laryngenesis session, and you have not given prior notice of the absence directly to the therapist, the session will be charged at 50% of the normal session rate.
- Example: a 60-minute missed session with no notice will be charged 50% of your rate (e.g., $60 for $120).

Canceled by the therapist: rescheduled session at a time that the therapist is available.

Continue to next page.

(Cancellations, cont.)

If you or your child arrives late to an appointment, the session will end at the regular session time and you will be responsible for the full session fee.

OTHER BILLED SERVICES: Laryngenesis offers additional services, including screening, observation, evaluation, reports, and attending parent-teacher conferences. These services will be billed in addition to the therapy session charges.

PAST DUE ACCOUNTS: Please make timely payments to your account to ensure continuation of services for your child. In the event that an account becomes past due (i.e., not paid by the 5th of the month), your child's speech-language services will cease until payment is received.

METHOD OF PAYMENT: You will receive a monthly invoice. We accept many forms of payment:

Cash: Exact change required.

Personal Check: Make payable to **Marc Nez**. Returned check fee: $35.

Credit/Debit Cards: MasterCard, Visa, Discover, American Express.

Please indicate your understanding and agreement to this payment policy by signing below.

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PARENT/GUARDIAN SIGNATURE DATE