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DATE
OTHER

Ryan Landinguin, M.S. CCC-SLP
Speech Language Pathologist
716-713-1324
ryan@RLspeech.com

PAYMENT POLICY

Thank you for choosing RL Speech Therapy 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.

PAYMENT (INCLUDING CO-PAYS) IS DUE AT THE DATE OF SERVICE.

INSURANCE: RL Speech Therapy submits insurance claims as a service to our clients, including appeals. We make every effort to make sure your claims get paid. **However, in the event that your insurance determines that our services are "not covered" and/or "not medically necessary" you are responsible for the charges.** All payments will be due within 15 days of receipt of statement from RL Speech Therapy.

A 1.5% interest charge will be added to 30-day past due accounts. In the event that your bill is 60-days past due we will cease services immediately and all outstanding charges will be due immediately.

PRIVATE PAY: For patients who are paying privately, payment is due at the date of service. We accept cash, credit and checks (made out to RL Speech Therapy). A fee of \$35 will be billed in the event your check is returned.

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"): A \$25 "no show" fee will be charged.

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

We do a lot of planning and preparation for your child's therapy. Please make your best effort to be **on time** for each appointment. 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.

Assignment and Release:

I understand that I am financially responsible for payment to RL Speech Therapy for charges not covered by my insurance company. I authorize medical benefits to be paid directly to RL Speech Therapy. I also authorize RL Speech Therapy or the insurance company to release any information required for payment of claims. I understand that any unpaid balance over 30 days is subject to a 1.5% monthly finance charge on the unpaid balance. I also understand that any past due account over 60 days will be subject to immediate termination of therapy services and payment is due immediately.

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

Thank you for taking the time to complete this information about your child.

