

Chris Zwolfer, MA, CCC-SLP

Pediatric Speech and Language Services

Payment Policy: Self-Pay

Thank you for choosing me for your speech-language pathology needs. This is an agreement between you and I for payment of services provided. By signing this agreement, you are agreeing to pay for all services provided to your child.

Please read the following information carefully.

I do not bill insurance for evaluations and treatment. I will provide you with the information you need to submit a bill to your insurance company.

If you plan to submit bills to your insurance company, you should:

- Check with your insurance company before your first visit to find out what speech and language services they will pay for.
- Find out what information the insurance company needs.
 - You may need a note from your doctor, called a referral. You may need permission from the insurance company, called pre-authorization.
 - Referrals and pre-authorizations do not guarantee that insurance will pay for services.

Payment Options:

- Payment is due at the time of service. I accept cash, check, cashier's checks, or major credit cards. If you choose to pay with a credit card, you will be charged an additional 2.7% for processing fees.

Returned checks:

- You will be charged a \$25 fee for each returned check.
- You will be asked to bring cash to the office to cover the amount of the returned check and the fee.

Patient's Name

I agree to the payment policies outlined above.

Patient or Parent/Guardian Signature

Date

Relationship to Patient