



The Speech and Swallowing Clinic, LLC DBA

# The Therapy Tree

912.331.0846 Phone

912.331.0847 eFax

## FINANCIAL AGREEMENT

### Insurance

Your insurance policy is a contract between you and your insurance plan. We cannot efficiently bill your insurance company unless you provide us with current and valid insurance information. We will file claims to your insurance company. All health plans are not the same and they do not always cover the same services. In the event that your health plan determines that a service is not covered” you will be responsible for disputing decisions made by your insurance carrier regarding coverage.

### Deductibles/Co-Payments/Payments

Our insurance contracts require us to collect deductibles, coinsurance and copays. Co-pay amounts will be collected at each visit prior to service being rendered. For your convenience we accept Visa, MasterCard, Discover, and American Express in addition to personal checks and cash. If your check is returned to us for insufficient funds, we will access a service charge of \$35 for each occurrence. When you provide a check as payment, you authorize us to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction “And” when we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

### Financial Agreement

Self-Pay/Health Insurance: If I have no insurance, I understand the payment will be made at the time the services are rendered unless financial arrangements have been made PRIOR to the services. A statement will be mailed to me each month showing the total balance due from me and will be considered past due within 30 days from receipt. Items billed to my insurance will become past due if no reply is received within 45 days. If I am unable to make payment in full, I understand that I should call the billing office at 912-331-0846 and request to speak to the billing coordinator to make a payment arrangement. I understand that if no payment arrangement has been received after 45 days, my account may be referred to collections. If my account is referred for collections, I understand that I will be responsible for the balance as well as all collection costs and reasonable attorney fees.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Responsible Party

\_\_\_\_\_  
Date