

SPS

Speech Pathology Services

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FEES, CANCELLATIONS, AND INSURANCE

The following information details the cost, cancellation and insurance policy. Please keep this information in your file. These policies were made to establish a procedure to keep costs reduced, and to best maximize therapy time. **Fees are subject to change and are payable at each visit unless otherwise arranged. We accept cash and checks only.**

I. Fees

A.	Speech/Language Evaluation	\$400.00
B.	Voice Evaluation	\$250.00
C.	Tongue Thrust Evaluation	\$250.00
D.	Therapy Session	\$100.00

II. Cancellation

- A. 24 hour notice of cancellation is required, if not you will be responsible for late cancellation fee. **Late cancellation fee \$20.00**
- B. You will be charged for that time if we do not have proper notification. Previous abuse of cancellation has made it necessary to adhere to this policy.

III. Insurance

- A. If your policy requires referral/pre-authorization, **it is your responsibility to obtain the initial authorization before the visit.** If we have referral/authorization, we accept payment by the insurance company except for your co-payment.
- B. If we are not providers for your insurance company, it is your responsibility to collect from your insurance company. Fees are payable at each visit, unless otherwise arranged.
- C. If the insurance company does not provide payment you will be responsible for the full amount.
- D. To insure payment to Speech Pathology Services, please sign the following statements so that we have your signature on file.

Please sign below to indicate your understanding of the above policies.

Thank you for your cooperation. Please remember that you will be billed for appointment time that is not cancelled with 24 hour notice.

_____, _____
12700 Hillcrest Road, Suite 276, Dallas, Texas 75230

Patient's Signature

Date

Clinician's Signature

Date