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| OFFICE USE ONLY |  |
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| OTHER           |  |

## PAYMENT POLICY

Thank you for choosing **Tiny Talkers, LLC** 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 AT TIME OF THERAPY SESSION.**

**INSURANCE:** Full payment is due directly to **Tiny Talkers, LLC**. We do not currently accept or file insurance. 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 **Tiny Talkers, LLC** 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 **Tiny Talkers, LLC** will be considered out-of-network by your insurance company. 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 **Tiny Talkers, LLC** 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.

**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 **Tiny Talkers, LLC** 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.

(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.

**METHOD OF PAYMENT:** We accept many forms of payment:

Cash: Exact change required.

Personal Check: Make payable to **Tiny Talkers, LLC**. 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.**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE