

FINANCIAL AGREEMENT

THIS IS A FEE FOR SERVICE PRACTICE FOR ALL PATIENTS WHO ARE NOT BCBS OR MEDICARE PARTICIPANTS.

What does that mean?

It means you are responsible for payment on the date of service.

It means that your speech pathologist determines if treatment is needed, the frequency of sessions, and when discharge is appropriate. These are not determined by your insurance company.

It means that I do not have to hire additional personnel to handle insurance certifications, re-certifications, and argue denials.

AS A COURTESY I CAN, if requested, BILL YOUR INSURANCE POLICY.

What does that mean?

It means that I can send your claim electronically, but you will still be responsible for paying session fees on the date of service.

It means that I will not check benefits, handle requests for additional information, pre-certification, or recertification for services, EVEN IF your insurance company states that I must do it for you.

IF YOU HAVE PRIVATE INSURANCE AND CHOOSE TO FILE IT YOURSELF:

You send in all claims to be processed by your insurance company.

IF YOUR INSURANCE COMPANY COVERS PROFESSIONAL SERVICES RENDERED AT THIS OFFICE, **ALL PAYMENTS RECEIVED FOR THOSE SERVICES WILL BE CONSIDERED PAYMENT TO SPEECH ENTERPRISES** EVEN IF IT EXCEEDS THE ADJUSTED PRICE AGREED UPON BETWEEN THE PATIENT AND SPEECH ENTERPRISES.

I AM UNDER CONTRACT WITH BLUE CROSS BLUE SHIELD OF TEXAS AND TRADITIONAL MEDICARE

If you are a BCBS Member, all claims will be billed for you; however, you are responsible for knowing your deductibles, coinsurance, or copay that your policy requires.

You are responsible for paying your deductible and knowing your coverage.

We can only estimate your amount due and will refund or credit any overpayments.

I understand the Financial Agreement and that IF I have asked you to bill my insurance company, I am responsible for all follow-up(s) requested by them.

Signature

Date

Printed Name