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## FINANCIAL AGREEMENT

### **THIS IS A FEE FOR SERVICE PRACTICE.**

#### What does that mean?

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

### **I AM ONLY UNDER CONTRACT WITH ONE MEDICAL INSURANCE COMPANY – Blue Cross Blue Shield.**

#### What does that mean?

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.

It means that if you are a BCBS Member, you are responsible for knowing your deductibles, coinsurance, or copay that they require.

It means that you pay your deductible as required and it is your responsibility to know your coverage.

It means that we can only estimate your amount due and will refund or credit any overpayments.

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

#### What does that mean?

It means that I will send your claim electronically.

It means that your out of network benefits will apply and you will have to check those yourself.

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

### **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