



Financial Policy

Financial Responsibility and assignment of Insurance Benefits
By signing below, you agree that you have read this document.

1. Co-pays, deductible amounts, and co-insurance payments are always due at the time of service. You may be asked to reschedule the appointment if you are not prepared to make this payment required by your insurance company contract. _____ (initial)
2. If we receive a returned check for non-sufficient funds, the account on which you were making payment will be charged a \$25 fee. This fee is due and payable upon receipt.
3. You are responsible for knowing your insurance benefits, including what is not covered. We bill the insurance companies in our network when you provide us with current and complete information. By signing below, you agree that you are responsible for paying for all services denied and for amounts not paid under this assignment, including your health insurance deductible, coinsurance, copays and visits that exceed authorized limits. _____ (initial)
4. Even though an insurance claim may be pending, you may receive a statement if your account has an outstanding balance. The Hello Clinic cannot accept responsibility to collect your insurance claim or to negotiate a settlement on a disputed claim.
5. Accounts assigned to a credit reporting and collections service will be charged a \$50 collection fee. Should the account be referred to an attorney for collection, the undersigned shall also pay reasonable attorney's fees and collection expense.
6. We believe that speech and occupational therapy is most effective when attendance is regular. You and your clinician can work together to determine what is the best frequency and duration for therapy. If you have difficulty maintaining an 80% attendance rate, we may offer your regular time slot to another family on our wait list. Should this happen, you will be informed and we will work with you to find a better fit for your family.
7. Please call us to cancel if your child is sick enough that you would not send your child to school (due to rash, fever, vomiting, etc.,) and it's less than 24 hours. Let us know if you'll be out of town, and need to cancel in advance. If you miss your appointment, and do not notify us of the cancellation at least 24 hours in advance, a fee of \$25 will be added to your next visit. This does not apply to your deductible and is not billable to insurance.
_____ (initial)

I, as the responsible party, hereby authorize payment directly to The Hello Clinic, for speech therapy services. This authorization is effective for all providers for whom The Hello Clinic is authorized to bill in connection with its services. I understand I am financially responsible for all amount not paid under this agreement. I have read, fully understand and agree to the above statements.

Signature of Legal Guardian: _____ Date: _____

Print name of signed above: _____

Print name of client: _____

Client's date of birth: _____