

# Letter of Financial Responsibility for Private Pay Therapy Services with Gwen’s Speech Therapy

*\* indicates a required field*

The purpose of this letter is to acknowledge that you have chosen to pay private pay in lieu of insurance.

By signing this letter, you agree to the following...

- Pay the private rate listed below
- You understand insurance will not be billed by this office
- You agree to not bill your insurance independently of this office

This notification acts as a means of acceptance of financial responsibility and the financial obligations set forth in accordance with therapy services provided. It is your responsibility to contact our office if you have any questions related to the outlined information.

Please notify a member of Gwen’s Speech Therapy if you have questions or wish to begin billing insurance by contacting: [billing@gwenspeech.com](mailto:billing@gwenspeech.com) or calling 828-634-6929.

### Evaluation Fees

Fluency.....	\$100.00
Speech sound only .....	\$100.00
Speech and Language.....	\$150.00
Voice .....	\$100.00
Swallowing.....	\$100.00

### Therapy Fees

Fluency, Speech, Language or Voice.....	\$50.00/per session
Swallowing.....	\$50.00/per session
(if swallowing is in addition to another area, total is \$100)	