

Policies & Financial Agreement Form

MMG Speech & Therapeutic Services, LLC: Policies and Financial Agreement

- 1) I understand that I am responsible for providing accurate and up to date insurance and billing information PRIOR to the first session. I agree that I am responsible for all charges incurred resulting from evaluation and treatment provided by MMG Speech & Therapeutic Services, LLC.
- 2) I understand that my insurance provider will be charged per session. Once my deductible has been satisfied, I will be responsible for the difference of what insurance has not covered. I understand that it is my responsibility to pay for services and/or copays, coinsurance charges, or fees not covered by insurance, on the same day as services are received, unless otherwise arranged.
- 3) I understand that if my account balance is not paid within 30 days of the date of the invoice, that the invoice is subject to a 2% monthly finance charge. I further understand that and have been advised that services may be suspended or terminated, until balances are paid.
- 4) I understand that as a courtesy, claims will be submitted to my insurance provider by MMG Speech & Therapeutic Services, LLC. I understand that it is my responsibility to understand and obtain my current benefit coverage. I understand that it is ultimately my responsibility to make payment to MMG Speech & Therapeutic Services, LLC for services received and to resolve any outstanding issues with my insurance provider and receive reimbursement from them. I will make MMG Speech & Therapeutic Services, LLC aware of any changes or termination of insurance or payment sources in order to ensure proper billing.
- 5) I agree to take an active role in the process of insurance by contacting my provider to verify my coverage for speech/occupational services.
- 6) I understand that unresolved financial disputes for non-payment of fees for speech/occupational therapy services could result in the termination of services and the assignment of collection responsibility to a professional Collection Agency.
- 7) I understand that if I act in an un-civil manner towards the staff or therapist(s) of MMG Speech & Therapeutic Services, LLC., my child(ren) will be dismissed of services.

I, the legal guardian/parent or self, have been made aware of my financial obligations and the billing and therapy policies and procedures of MMG Speech & Therapeutic Services, LLC. I agree that they are effective immediately.

Client Name: _____ Relationship to client: _____

Parent/Guardian Printed Name: _____ Signature: _____ Date: _____