

FINANCIAL POLICIES REVIEW

___ Thank you for choosing Rainier Speech Therapy, LLC for your speech therapy needs. General Financial Policy of the Practice: pay co-pay at time service, or in the case of private pay, pay full amount owed at time of service. The Practice will provide notification of missed payment as early as possible by sending a statement that is due upon receipt. If we participate with a commercial insurance plan under which you are covered, we will bill the carrier charges for all covered, medically necessary services rendered. Your signature authorizes payment of medical benefits to the provider when an assigned claim is filed. You will be responsible for deductibles, co-payments and any non-covered services at time of service. If we do not participate with your commercial insurance plan or you do not have insurance, you will be responsible for payment in full at time of service. We accept personal checks and cash. The Practice will file insurance for in-network Aetna, , Regence, FirstChoice, Premera, Medicare Part B. The Practice will not continue to file claims for services that are determined to be uncovered by an insurance provider. Uncovered services are not applicable to your deductible for most plans and you will be responsible for payment at time of service.

Cancellation Policy

___ Please cancel appointments as soon as you are aware you will not be able to keep your appointment time. Cancellation within 24 hours of appointment or missed visits will be considered a “late cancellation”, and Rainier Speech Therapy, LLC retains the right to bill the patient for the full cost of the missed visit, with expected payment due upon receipt of a statement. Cancellation can be done by calling (360)-915-8784 and either speaking with a representative directly, leaving a message, or by emailing jbrockmanhawe@gmail.com.

Received and Acknowledged by Patient or Responsible Party:

Patient Printed Name

Patient Signature

Date

Signature of Consenting Party

Relationship to Patient

Date