



Fees and Cancellation

Payment and Fees

- All fees are due at the time of service
- Summit Speech Therapy Inc, bills your insurance as a courtesy service, all network coverage, deductibles, copay/ coinsurance are my responsibility to understand as the client.
- I acknowledge and accept full and complete responsibility for prompt payment for all services rendered by Summit Speech Therapy Inc. I am responsible for filing claims with my insurance and payment for my services.
- I understand that health insurance policies and reimbursement are between myself and my health insurance company, and that all services rendered by Summit Speech Therapy Inc. are charged directly to me, and I am personally responsible for payment in full to Summit Speech Therapy Inc.
- I understand that if my outstanding balance due for treatment becomes Two Hundred Fifty Dollars (\$250.00) or more, Summit Speech Therapy Inc. reserves the right to withhold therapy up to and until such balance is paid in full.
- Payments may be made with cash, check, or a credit card. There will be a \$25.00 charge for any returned check.
- Credit card disputes will follow merchant services policies, I understand that I am responsible for all resolved charges and associated fees.
- If no payment is received after 30 days, interest will accrue at the rate of 18% per annum (1.5% per month) until paid in full.
- After 45 days of no payment, Summit Speech Therapy services may contact a credit/collection agency. I agree to pay additional interest, court costs and reasonable attorney's fees. I will also be responsible for a collection fee of up to 33.33% of the principal amount(s) owing.

Cancellation Policy

Regular attendance is essential for growth in therapy. The therapeutic plan of care is based upon regular and consistent attendance.

- We require twenty-four (24) hours notice in the event of a cancellation. If the cancellation is less than twenty-four (24 hours) there is a Fifty dollar (\$50.00) fee. This fee will be waived if the session is rescheduled within 30 days. If the rescheduled session is missed the Fifty dollar (\$50.00) fee will be charged for both missed sessions. We understand that at times circumstances are out of our control and we are happy to discuss options on a case by case basis.
- There is a Fifty dollar (\$50.00) fee for a cancellation without proper notice e.g. no phone call or not showing up for an appointment. If two no shows occur, your appointment time will be automatically offered to another client waiting for services.
- If an appointment is rescheduled, the rescheduled visit may with a different therapist if your regular therapist is unavailable seeing other clients. All of our therapists are experienced professionals and will be familiar with the case.
- Frequently canceled appointments (more than two (2) canceled visits for every eight (8) visits scheduled) will be basis for removal from our permanent schedule and allow you to schedule on a week to week basis.
- Please verify with us any appointments that will be cancelled due to a vacation. We request notification of this information at least 7 days prior to the date which will be missed. We may or may not be able to hold any time slot more than 2 consecutive weeks due to a vacation.
- Sessions will end at the scheduled time. If you are late for your session, the rate charge will not be adjusted.

We want to thank you for choosing Summit Speech Therapy, and we highly value you and we are committed to building confident communicators and providing you with the highest quality of speech-language services.

Client / Representative Signature

Date