



Business Policy and Financial Agreement

Thank you for choosing Frankly Speaking SLP Services, Inc. for your therapy needs. The following information explains our business policies and our therapy fees. If you have any questions, please call our office at 770-788-1521 before signing this agreement.

The fees for therapy services are as follows:

Speech Therapy	45 min session	\$100.00
Occupational Therapy	45 min session	\$100.00
Physical Therapy	45 min session	\$100.00
Therapeutic Massage Therapy	30 min session	\$30.00
	60 min session	\$55.00
Evaluations (ST, OT, PT)	60 min session	\$175.00

Payment is due when services are rendered. All checks should be made payable to Frankly Speaking SLP Services, Inc.

Our office is an Out-Of-Network Provider. Which means your insurance company will not cover these services unless **you** get prior authorization. **Therefore, we do not file claims to insurance carriers.** You must file for reimbursement directly from your insurance carrier for these therapy services. Your invoice will provide all the necessary information so you can submit it to your insurance carrier. We will be glad to assist you in this process. Our services are rendered and charged to the patient and not the insurance company. Any additional documentation from our office will be provided to the insurance company per their request.

Please note that there is a \$35.00 service fee for all returned checks.

We accept Medicaid patients. Our office will handle payment arrangements for Medicaid recipients.

Appointments that are not canceled with a **24 hour** prior notice will be charged the full amount for the session. This will be billed directly to the patient/family. You may call **770-788-1521** and leave a message 24hours, 7days a week. It is requested that you call **as soon as possible** if you/your child is ill the day of therapy services.

We also have an attendance policy in place that states if the patient misses more than 3 (three) appointments without prior notice, services will be terminated. Reasonable consideration will be given due to extenuating circumstances.

Notification for any expected absence is requested at least a week in advance. Make-up sessions for therapy are encouraged.

If you/your child have been given an antibiotic from their physician, you/your child is required to be on the antibiotic for 24 hours before returning to therapy. This helps to prevent the spread of any infection.

Please feel free to ask any questions regarding our policies.

This form has been fully explained to me and my signature certifies that I understand the Business Policy and Financial Agreement and accept the terms of the agreement.

PERSON RESPONSIBLE FOR THE BILL

Name: _____				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Address: _____				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Employer: _____				
_____	_____	_____	_____	_____
Social Security #: _____ / _____ / _____				

**CONSENT TO TREATMENT AND AUTHORIZATION TO RELEASE INFORMATION
AND ASSIGNMENT OF BENEFITS**

I hereby authorize Frankly Speaking SLP Services, Inc. to perform such evaluation and therapeutic procedures as they may deem necessary or advisable from time to time. I further authorize Frankly Speaking SLP Services, Inc. to release any appropriate evaluative and/or therapeutic treatment information to third-party payers (I.E. Medicaid, when needed for reimbursement purposes).

I AGREE TO BE PERSONALLY RESPONSIBLE FOR ANY CHARGES TO MY ACCOUNT

Patient Name Date

Patient/Guardian Signature Relationship to Patient