good talking people LLC

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Thank you for choosing Good Talking People, LLC for your Speech –Language Pathology Services.

I, _____, hereby give permission to Good Talking People LLC to provide speech language therapy services to _____.

_____ _____ _____

Signature (Parent/Legal Guardian if minor) Relationship Date

Billing Agreement

This agreement will serve as notification that payment for all therapy services is due and payable at the time of service. You will receive a receipt of payment for each visit for your records. A comprehensive statement is available to you for all paid sessions at any time. It will be your responsibility to pursue insurance reimbursement if these services are covered. Good Talking People, LLC does not accept or bill your insurance carrier. Any payment arrangement made between parents and/or legal guardians of minor clients is a private matter. This office will bill only one parent/guardian. Payment can be made via cash, check, Visa or MasterCard. A 1½ % service charge will be added to all outstanding balances of 30 days or more.

In the event that you need to cancel or reschedule an appointment, 24 hour notice is appreciated. We reserve the right to charge for all appointments missed or cancelled with less than 24 hour notice. For clients whose therapy is provided through their school districts, payment for the missed session will be your responsibility. Rescheduling of appointments missed without appropriate notice will not be automatically considered and is dependent on the therapist's schedule and availability.

If all terms above are agreeable and acceptable, please sign below. By signing you are hereby consenting to treatment.

_____ _____

Client's Name Signature (Parent/Gaurdian if client is a minor)

_____ _____ _____

Date Responsible Party Relation to Client