Patient Financial responsibility Disclosure Document

Your signature below forms a binding agreement between the office of *Jennifer Wagner, MA, CCC-SLP: Pediatric Speech and Language Services* and the individual who is receiving medical services, or the Responsible Party for minor patients (those patients who are under 18 years old). Responsible Party is the individual who is financially responsible for payment of bills. All charges for services rendered are due and payable at the time of service.

**Payment Policy**

**Payment is payable at the time of service via cash, check or credit card. You will receive an electronic invoice.** Checks should be made payable to Jennifer Wagner, MA, CCC-SLP. With the exception of Premera and Regence, I do not bill insurance directly. If appropriate, I can provide a superbill at the end of the month with applicable medical codes, service dates, and fees paid for parents seeking reimbursement. Pre-authorization does not guarantee payment. Parents are responsible for contacting their insurance company for an explanation of benefits. Bills that remain unpaid after 30 days of the statement date will be subject to an additional 5% charge on the unpaid balance. A $25 fee will be charged for each returned check.

I am an in-network, preferred provider with Premera Blue Cross and Regence insurance only. I will submit claims and bill Premera and Regence directly. All Premera and Regence customers are responsible for the remaining balance after remittance is received from your insurance company. Bills that remain unpaid after 30 days of the statement date will be subject to an additional 5% charge on the unpaid balance. A $25 fee will be charged for each returned check. Pre-authorization does not guarantee payment by Premera or Regence. Parents are responsible for contacting their insurance company for an explanation of benefits.

**Please review the following Office Policy document regarding attendance, cancellations, and additional fees.**

Patient attendance policies

CANCELLATION, NO-SHOW & VACATIONS

Regular attendance is an important part of your child’s therapy program. Non-emergency cancellations require 24 hours’ notice. Non-emergencies include vacations, preplanned medical appointments, family events, parties, sports events, lack of a babysitter, or anything not designated as an “emergency” (see below). We ask that you email our office at *jenniferwagnerspeech@outlook.com* or call (206) 227-7199 for all scheduling, cancellation, and rescheduling issues. We require 24-hour notice to cancel an appointment. If you do not cancel your appointment within 24 hours, you will be charged your full session rate.

Emergency cancellations are accepted for illness, illness of a family member, or death in the family. These sessions must be cancelled 4 hours prior to your appointment. If your child becomes ill overnight, we expect a cancellation phone call or email 4 hours prior to the appointment.

We are unable to hold therapy spots for more than 3 consecutive weeks for vacations. If you will be taking an extended trip, you will need to contact us when you return in order to secure another appointment time. If you have multiple cancellations, you may be asked to return to the waiting list until the time comes when a full commitment can be made.

In the event that you do not show up for a scheduled appointment and you do not cancel the appointment, you will be charged a full session rate.

FLU and ILLNESS GUIDELINES

In order to minimize the chances of illness and viruses being spread at the office, we ask that you keep your child home and seek medical advice, if he/she has, or has had within the last 24 hours, any of the following symptoms: fever, diarrhea, vomiting, eye or nasal discharge, thick mucus or pus draining from the nose or eye(s), pink eye or an unexplained rash. If your child is too sick to go to school, he or she is too sick to come to the appointment. If your child arrives ill, we reserve the right to cancel the appointment and you will be charged for the session at the full session rate.

SNOW CLOSURES – GUIDELINES

The office will follow the Seattle Public School snow closures. If the schools close for the day, then you will be excused from your appointment. If there is a late start, your appointment during that time will be excused. In both cases however, please contact your therapist to discuss the cancellation. If snow prevents this office from opening, you will be contacted via email or phone.

EXCHANGE OF INFORMATION

Information, including reports and phone calls, will be exchanged with your referring provider unless initialed below. If there is any other person, professional, or agency that you would like to authorize for exchange of medical information related to the care of your child, please list them below.

\_\_\_\_\_\_\_\_\_ Do not share information with our referring provider. (Please initial)

I authorize exchange of information with the following people or agencies:

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By signing below, you agree to accept full financial responsibility as an individual who is receiving services, or as the responsible party for minor patients. Your signature verifies that you have read the above payment policy, that you have read the office attendance policies, that you understand your responsibilities, and agree to these terms. Your signature also verifies that you aware that the Notice of Privacy Practices is available on our website.

Child’s name (Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsible Party Name (Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsible party signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_