

FINANCIAL POLICY

FEES

- **Evaluations**
 - \$325.00
- **Therapy**
 - \$120.00 for 45 minutes
- **Therapy (same day payment)**
 - \$102.00 for 45 minutes if paying day of service
 - Clients who pay for services in full on the day services are rendered will receive a 15% discount.
 - Discounts are not offered for all services. Contact the Speech Clinic front desk staff with questions regarding applicable discounts.

CLIENTS PAYING WITH INSURANCE

- **General Information**
 - As a courtesy, HSDC will verify clients' benefits and submit insurance claims to the insurance company. *Plans vary significantly and clients are ultimately financially responsible for non-covered services, co-pays, deductibles, and exhausted benefits.*
 - Co-payments are due at the time of service.
 - Some insurance companies pay only for an evaluation and require approval for therapy.
 - Most insurance companies approve a limited number of visits. Once these are used, HSDC must request more. A pause in therapy might occur if there is a delay in getting approval for more visits; in some cases, additional visits are completely denied.
- **Client's Responsibilities**
 - Verifying that HSDC is a contracted provider with the client's insurance company and understanding their policy.
 - Bringing insurance card on the first visit so a copy can be made for HSDC files.
 - Paying the co-pay or co-insurance/deductible.
 - Bringing any required referral or authorization, if applicable.
 - Updating HSDC with any changes or alterations to the client's insurance policy.

METHOD OF PAYMENT

- HSDC accepts cash, checks, and credit cards.
- Make checks payable to HSDC.

FINANCIAL AGREEMENT

- I authorize treatment of the person named below and agree to pay all fees for such treatment.
- I authorize my insurance benefits to be paid directly to the provider of service and understand that I am financially responsible for non-covered services, co-pays, deductibles and exhausted benefits.
- I agree that I will not withhold or delay payment if my insurance company denies payment on any of my charges.
- I am financially responsible for a billing fee. I understand that balances over 60 days may incur a maximum billing fee of 1% per month (12%APR), (RCW 19.52.020) with a minimum charge of \$1.00 monthly.
- I also understand that HSDC may charge a maximum \$40.00 fee for returned checks (per RCW 62A.3-515 and 520). If the original charge and the resulting NSF fee is not paid within 30 days, the account may be sent to collections.
- In the event it should become necessary to place for collection an unpaid balance due for services rendered to me or my family, I/we agree to pay interest and collection fees, including attorneys' fees and costs.
- If my insurance policy changes at any time while receiving services with HSDC it is my responsibility to update HSDC concerning those changes to my policy. *I understand that policy updates may result in changes to my coverage or benefits. Further, I understand that I am responsible for any fees incurred because of this change.*