CASA Speech Therapy, LLC

CLIENT FINANCIAL RESPONSIBILITY AGREEMENT

Child's Name

Thank you for choosing CASA Speech Therapy, LLC ("CASA") as your speech therapy and/or occupational therapy provider. This Agreement sets forth your financial obligations for all of the services your child receives from CASA Speech Therapy, LLC including the services provided today and in the future. If you do not understand any of the items discussed in this Agreement, we will explain those items to you.

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Financial Responsibility				
Fees:				
Evaluation Charge: \$350.00				
Single Treatment Session: \$45/30 minutes, \$90/60 minutes				
A separate appointment to sit down with our Speech-Language Pathologist and Occupational Therapist is encouraged to provide evaluation feedback and interpretation. Consultations can be scheduled in home or via phone and are included in the evaluation fee.				
In the event that your child requires therapy for two or more hours per week (within one discipline), the cost per session will be reduced to \$37.50 for 30 minute sessions or \$75.00 per hour to defray the expense of therapy, allowing you to provide your child with the recommended treatment.				
You acknowledge and agree that you are personally responsible to CASA for the full payment of all services your child receives from CASA. All payments for CASA's services are due at the time of service.				
Any balance on your account that is more than 30 days old will accrue interest at 1% per month,				
12% per annum.				
Collection Proceedings				
If your account becomes delinquent, you agree to pay CASA for any expenses CASA incurs to collect on your account, including reasonable attorneys' fees and collection costs.				
I fully understand that if my account becomes delinquent, and I don't settle my outstanding bill, CASA Speech Therapy, LLC will turn the amount due over to a collection agency.				
Responsible Party Signature Date				