



Speech-Language Therapy & Occupational Therapy
31815 Southfield Rd. Suite 15 Beverly Hills, MI 48025
248-885-8240 (office) 248-885-8270 (fax)
www.SmallTalkMI.com

Patient Financial Responsibility Policy

Thank you for choosing SmallTalk Center, PLLC as your speech, language, and occupational therapy provider. Our clinic strives to provide the best therapy services possible to help your child achieve their goals. We have prepared the following information to help you understand how we work together to make sure you have the information you need to meet your financial responsibilities for the services your child receives. Please read it thoroughly, initial, and sign at the bottom. This agreement will be placed into the patient's chart and copy will be provided for your records. Please ask if you have any questions about our fees, financial policy, or your financial responsibility.

_____ **Current Participating Insurance Plans:** Blue Cross/Blue Shield, Blue Care Network, Aetna, and United Healthcare

_____ **Insurance Benefits:**

Insurance coverage is a contract between you and your insurance company. It is strongly recommended that the parent or guardian contact your insurance company to see what outpatient therapy benefits apply to your plan.

SmallTalk Center does contact your insurance company for an estimate of benefits, but this is not a guarantee of payment or coverage. We are not party to your contract or changes within that contract.

Insurance plans often have a limit on the number of visits (i.e., 30, 60 or unlimited) per plan year. . SmallTalk Center will make every effort to communicate the number of visits allowed prior to the start of treatment. It is your responsibility to keep track throughout the year of the status of the visits remaining.

Filing Insurance:

SmallTalk Center will file a claim to your primary insurance company on your behalf. However, you are ultimately responsible for payment of your bill. As stated earlier, your insurance policy is a contract between you and your insurance company. SmallTalk Center will call on any unpaid claim(s) at least every 14 days. After 30 days, SmallTalk Center will inform patients of unpaid claims. At that point, we will need you to work with our Insurance Coordinator and your insurance company to resolve. After 60 days without payment, the family will be responsible to begin paying on their account balance and private pay future appointments in order to remain on the treatment schedule. If a claim has been denied and is going through the appeals process, the family must begin to pay on the balance and

private pay new treatment sessions. SmallTalk Center will refund any fees paid if insurance pays the claims.

Deductibles, copays, and coinsurance:

All copays and coinsurance are due at the time services are rendered. If your policy has a deductible that has not been met, we collect a \$50.00 payment at each appointment until the first Explanation of Benefits (EOB) is received from your insurance company. Any balance left, will have to be paid at the next appointment. For your convenience, we accept Visa, Mastercard, American Express, and Discover.

_____ Private-pay Accounts

Private-pay accounts are patients without insurance coverage, patients covered by insurance plans in which the office does not participate, or patients without an insurance card on file with us. If you are seeking reimbursement from an insurance company that SmallTalk PLLC does not participate with, it is your responsibility to submit the necessary information for reimbursement. Payment is due the day services are rendered.

_____ Late Fees

A balance outstanding will need to be paid within 45 (forty-five) days a late fee of 10% will be added to the balance of the account. A late fee will be assessed for each month a balance remains. Please note that late fees cannot be added to insurance claims.

_____ Nonpayment

Patients with an outstanding balance of 60 days or more overdue **must** make payment arrangements prior to scheduling future appointments. If prior arrangements are not made, the collection process will be initiated, and services will be put on hold until the account is current.

_____ Returned Checks

If a payment is made by check and the check is returned or declined for any reason, your account will be charged a surcharge of \$18.00.

Acknowledgement

By signing below, each of the undersigned acknowledges that: (I) I have been provided a copy of the SmallTalk Center, PLLC **PATIENT FINANCIAL RESPONSIBILITY POLICY**

(II) I have read, understand, and agree to their provisions and agree to the specified terms; (III) I agree to pay all charges due to SmallTalk Center, PLCC for the below Patient's treatment sessions including co-payments, coinsurance, and deductibles, as required or provided pursuant to my insurance plan; (IV) regardless of my insurance status or absence of insurance coverage, I am ultimately responsible for the balance on the account for any services rendered; (V) if I fail to make any of the payment for which I am responsible in a timely manner, I will be responsible for all costs of collecting the money owed, including court costs, collection agency fees, and attorney's fees (to the extent allowed by law); and (VI) failure to pay when due may subject me to late payment charges and can adversely affect my credit report.

I further agree that a photocopy of this Patient Responsibility Financial Policy shall be valid as the original.

Once I have signed this agreement, whether by original, facsimile or electronic ("PDF) signature, I agree to all of the terms and conditions contained herein and the agreement shall be in full force and effect.

Print Name of Responsibility Party

Date

Signature of Responsibility Party

Patient Name