

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial Responsibility and Collection Practices**

I authorize Longwood Speech, Hearing, & Learning Services (SHLS) to release healthcare information to my insurance carrier or third party payer if applicable to determine benefits and file insurance claims for my services.

I request that payment of all authorized insurance or third party payer benefits be paid directly to SHLS for the services provided by SHLS.

I understand that if my insurance company requires an order or referral, I am responsible for obtaining such order/referral before my appointment at SHLS. If I do not have an order/referral and one is required by my insurance company, I understand that I am responsible for payment of services at the time services are rendered.

I understand that there is a fee for the services provided at SHLS. I assume responsibility for payment of any such fees whether or not such expenses are covered or reimbursed by insurance. I am responsible for all copays, coinsurance and deductibles. Any debts that are not paid in full will be turned over to our collection agency, and collection fees (of up to 32% of the outstanding balance) will be added. Also any account not satisfied by the due date may be reported to the credit bureau, and may be listed with the Virginia Department of Taxation. Listing with the Department of Taxation may result in the seizure of funds from a tax refund and/or a lottery claim.

**SHLS is NOT a contracted provider for STRAIGHT MEDICAID. We are contracted with the HMO’s only. If you lose your coverage with your HMO and revert to STRAIGHT MEDICAID, you will be responsible for your services during that time period.** If this is a financial burden, we can offer you a Stipend/Sliding Fee Application to possibly help off-set fees. Please inquire with the Office Manager.

I understand that if I miss 2 sessions without contacting SHLS in advance I will be removed from receiving services and placed on a waiting list for services. I understand that I will be charged $25.00 for each missed session. SHLS will not charge for appointments cancelled in advance. If I miss 5 or more consecutive sessions with or without cancellation in advance, I will be removed from SHLS services and placed on waiting list. Exceptions maybe granted by the SHLS Director/Assistant Director due to extenuating circumstances or serious illnesses.

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Signature of Client/Parent/Guardian DATE