



**11551 Forest Central Dr  
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## **Payment Policy: Insurance Billing and Self-Pay**

Thank you for choosing Speech Wings, LLC for your speech-language pathology needs. This is an agreement between Speech Wings, LLC and you for payment of services provided. By signing this agreement, you are agreeing to pay for all services provided to you or your family member.

### **Please read the following information carefully.**

Speech Wings, LLC does not bill some insurances for evaluations and treatment. We will provide you with the information you need to submit a bill to your insurance company. We will only bill your insurance company if we are in network.

If you plan to submit bills to your insurance company, you should:

- Check with your insurance company before your first visit to find out what speech and language services they will pay for.
- Find out what information the insurance company needs.
  - You may need a note from your doctor, called a referral, or letter of medical necessity. You may need permission from the insurance company, called pre-authorization.
  - Referrals and pre-authorizations do not guarantee that insurance will pay for services.

**If you want Speech Wings, LLC to bill your in network insurance for evaluations and treatment, you need to:**

- Bring your insurance card and information to every visit or provide a copy.
- Let the office know if your insurance changes.
- Check with your insurance company before your first visit to find out what speech and language services they will pay for.
- Find out what information the insurance company needs and bring it with you to your first appointment.
  - You may need a note from your doctor, called a referral, or permission from the insurance company, called pre-authorization.
  - Referrals and pre-authorizations do not guarantee that insurance will pay for services.
- Pay all co-pays, deductibles, and non-covered services.
  - Co-pays are due at the time of service or on the invoice due date.

- If your insurance will not pay for services you will be responsible for paying the full amount.
- If your insurance company does not pay us within 45 days, you will be billed for the full amount. If we get paid by the insurance company after that, we will return your payment.
- Pay any money owed within 7 days of receiving an invoice from our office.

**If you do not have insurance, self-pay, have a co-pay, or a deductible you may use the payment options below:**

**Payment Options:**

- Payment is due at the time of service. We accept cash, checks, cashier's checks, or major credit cards

*Or*

- You will be billed for services on the 1st and 15th of each month. If the 1st or 15th is a non-business day you will be billed on the following business day. Payment is due within 7 days of receiving our bill. We accept cash, checks, cashier's checks, or major credit cards.
- **We are happy to talk about other payment arrangements, if needed. Talk to us ahead of time to make payment arrangements. Please don't wait until your invoice is past due to talk to us.**

**Returned checks:**

- You will be charged a \$35 fee for each returned check.
- You will be asked to bring cash to the office to cover the amount of the returned check and the fee.

**Past due accounts:**

- **You are expected to pay in full within 7 days of receiving our bill. Accounts 8 days past due will be charged a 15% fee.**
- Accounts 6 months past due will be sent to a collection agency. You will be responsible for collection costs, as well as attorney fees and court costs.



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## **Acknowledgment That You Agree to the Payment Policy**

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Patient's Name

I agree to the payment policies outlined above.

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Patient or Parent/Guardian Signature

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Date

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Relationship to Patient