



Financial Policy

Chatterbox Pediatric Therapy Center is a privately owned therapy practice which uses its entire pool of resources towards the growth and development of our patients' speech and language skills. These resources allow us to hire and maintain highly accomplished and trusted therapist as well as provide an ideal office environment and location for our patients' comfort and convenience. We are 100% therapist owned and operated. Our only professional motivation is to provide superior services to help our patients succeed at each of their individualized goals.

Important Insurance and Payment Information

By signing this agreement you, hereinafter referred to as "Signer," acknowledge that you are financially responsible to us, hereinafter referred to as "Chatterbox," for all services, and goods, provided under this agreement, further you are agreeing to the following:

1. Co-payment(s), deductibles, and/or percentages that are not covered by insurance are due at the time of service. According to Idaho law co-payments cannot be waived. If these payments, or the like, are not paid at the time services are provided this in no way inhibits Chatterbox's right to demand payment for the same by the Signer under the terms of this agreement. Co-insurance payments are also due at the time of service.
2. For your convenience our office accepts cash, checks, debit cards and most major credit cards. There will be a \$20.00 fee for all returned checks.
3. All service codes may not be covered by your insurance company if your specific diagnosis/therapy is not a covered benefit under your chosen health plan. IT IS IMPORTANT THAT YOU READ AND CONFIRM YOUR BENEFIT PLAN.
4. Private pay arrangements should be made prior to services.
5. All balances are due and payable within 90 days of receiving services. Any unpaid balance will be reviewed for possible collection.
6. Should your account be assigned to an outside collection agency, you will be responsible for any legal fees.
7. Services may be terminated for violation of this agreement.

Signer puts his or her name to the signature line of this document affirming that this agreement and disclosure has been read, understood and agreed to by the Signer.

Dated: _____

Patient: _____

Signature of Parent/Guardian: _____