



## Payment Policy

Thank you for choosing Reni Hanley SLP, LLC to serve you. I am committed to providing you with the highest quality care. Please know that the timely payment of your bill is an integral part of our service and as such, this payment policy is an agreement between you and Reni Hanley SLP, LLC for payment of services provided.

By signing this policy, you are agreeing to pay for services provided to you or your family member. As a client of Reni Hanley SLP, LLC you are required to carefully review and sign our payment policy.

### Please read the following information carefully:

All therapy fees (including session fees and/or co-pays, if applicable) are due:

At the time of service (PROMPT PAY DISCOUNT APPLIES) unless other arrangements have been made.

We accept the following payment methods at this time CASH, CHECK, PAYPAL or VISA/MASTERCARD.

Checks should be made payable to Reni Hanley SLP.

We will provide you with an invoice outlining the services rendered and the amount charged *at your request*.

### Please read and check of all boxes to acknowledge understanding and the sign below:

Reni Hanley SLP, LLC bills most third-party payers as a courtesy to your family based on the information provided by you. When benefits are checked they are based only on the information provided by the payer source. If something has changed such as deductibles or copay, please be aware that you may be responsible for charges.

I understand that if my insurance changes in any way (ie benefit change, deductible change, terminations or additional coverage) it is my responsibility to inform Reni Hanley SLP, LLC. If new information is not provided in a timely manner there is risk of third-party payer rejection of claims.

I understand that I am responsible for all costs / fees that any third-party payer (ex. insurance company, private school, etc.) does not cover. In the event that a third-party payer source determines that rendered therapy services are "not covered" or otherwise denied, I will be responsible for all outstanding charges. I understand that I will be billed accordingly and will be responsible for immediate payment. I also understand

that Reni Hanley SLP, LLC will not become involved in disputes between you and your third-party source regarding uncovered charges or reasons for denial.

I understand that if fees are not paid in full, treatment sessions may be postponed or cancelled until payment is received.

I understand that all returned checks will be subject to a \$15 returned check fee. Charges incurred and not paid after 30 days may be turned over to a collection agency at the client's expense. Overdue accounts may also be reported to a Credit Bureau.

I understand that I am responsible for all legal and collection fees, which Reni Hanley SLP, LLC may incur if payment is not made in accordance with the terms and conditions herein.

I understand that refunds will be issued only in instances of overpayment. All refunds will be processed by the end of the month after the overpayment is discovered on the client's bill or at the time the refund is requested. Refunds for payments made with a credit card will be credited back to the credit card used, all other refunds will be issued by a check. Clients who used a third-party source will not be issued a refund until full payment is received from the appropriate source.

I, \_\_\_\_\_, (client / guardian name) understand the payment policy and the risks of not adhering to it.

\_\_\_\_\_  
Print Name of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client, Guardian or Responsible Party

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Private Practitioner / Witness

\_\_\_\_\_  
Date