Associated Speech & Language Services, P.A.
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Pat Ourand, MS, CCC-SLP
Lauren M. Gallagher, MS, CCC-SLP
Christine Dufrane, MS, CCC-SLP
Richard Gubisch, Office Manager

Financial Responsibility

I acknowledge and accept full and complete responsibility for payment of all services rendered to me by Associated Speech and Language Services – Patricia R. Ourand, MS, CCC-SLP, P.A. Insurance claims will be filed by staff of Associated Speech and Language Services, however, I understand that I am responsible for determining if services are covered by my insurance. And any specific requirements of my insurance for coverage, such as physician referrals, pre-authorization, or others. I am also responsible for payment for any services rendered which are not covered by my insurance company. I agree to pay for services which are deemed not medically necessary by insurance company. I agree to be personally financially responsible for said medically unnecessary services. This includes private insurance, group health insurance, prepaid health plans, PPO's, HMO's, MCO's, or others. I also agree to pay all deductible and co-insurance amounts. In the event that my insurance allows me a limited number of visits, I agree that it is my responsibility to keep track of the visits used. Should I exceed the number of allowed visits, then I agree to be responsible for payment of those visits.

Fees and billing procedures have been explained to me. My signature below indicates that I have reviewed, understand, and agree to the above office policy.

______________________________ __________ _______________

Signature of patient/parent/guardian | Date | Relationship

______________________________ __________

Witness to signature | Date