

Payment Agreement

Medicaid Patients:

I am a provider for Colorado Medicaid. I will be glad to provide service to you, bill, and accept Medicaid reimbursement providing your child's eligibility is current and we have a physician order (prescription) for speech therapy with a diagnosis from your child's primary care physician. I need to be informed if there is any other insurance coverage involved along with Medicaid, even if insurance does not cover this therapy. These are Medicaid requirements. Please let me know whenever there is a change in physician, Medicaid status, address, telephone, insurance, etc.

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Insurance Patients:

I am an "Out of Network" provider for most insurance companies. I will be glad to provide service to you and bill your insurance company providing we have a physician order (prescription) for speech therapy with a diagnosis from your child's primary care physician. I provide a monthly statement at the end of the month and my charged amount is due the last therapy session of each month. Please see my private pay fee below for my current rate. If the insurance company pays for the services, I will reimburse you the amount they paid. Some plans require authorization to use your "Out of Network" benefits. If your plan requires an authorization, it must be obtained prior to services being billed and reimbursed.

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Private Pay Patients:

My private pay fee for therapy services rendered is \$104 per hour and \$52 per 30 minutes if paying by credit card, debit card, or HSA card. You will receive a discount of \$100 per hour or \$50 per 30 minutes if paying by cash or check. Payment is due the last therapy session of each month. You will receive a monthly statement at that time.

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Child's Name

Therapist's Signature

Parent/Guardian Name

Date

Parent/Guardian Signature