

Terms of Payment Agreement

I, _____, acknowledge and accept full and complete responsibility for payment of all services rendered to my child by SpeechKids, LLC, subcontractors and associates. I acknowledge that I have received written explanation of the fee schedule and cancellation policy, and I agree to all. I also acknowledge that I will be billed each month and my credit card will be charged on the 5th day of the following month.

I understand that health insurance policies are an arrangement between my insurance company and myself, that all services rendered to my child are charged directly to me, and that I am personally responsible for payment. I understand that agreements regarding fee schedules, charges for cancelled or no-show appointments and late payment fee are between SpeechKids, LLC, sub-contractors and associates and myself and are not related to potential insurance coverage.

I understand that SpeechKids, LLC, subcontractors and associates will assist me in completing forms to aid in collecting insurance benefits only for services that are billable. I agree to the release by SpeechKids, LLC, subcontractors and associates of any information that is requested by my insurance company.

Signature of Parent or Legal Guardian

Date