Jennifer Berkey, M.S., C.C.C.
Speech-Language Pathologist
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BILLING POLICY AGREEMENT

- Sessions will be billed monthly in accordance with the fees discussed.
- Payment is due upon receipt of the bill via check or credit card.
- All families are required to have credit card information on file regardless of the preferred method of payment.
- For those paying by credit card, payment will be processed following each month of services using the credit card on file.
- For those paying by check, payment must be received in office before completion of the next month of services. Any outstanding balance not paid by that time will be processed using the credit card on file.
- Please indicate payment method:

  _____Credit Card (Visa or Mastercard)

  _____Check

I have read this document and agree to the terms and conditions as stated above.

_____	_____	_____
Name of Child	Parent signature	Date

Private insurance is not accepted, although your insurance may cover services. All service invoices contain appropriate coding (ICD-9, CPT) to submit to insurance for personal reimbursement.