



Verbal Expressions, Inc.

## FINANCIAL POLICY

Thank you for choosing us as your therapy health care provider. We are committed to making your treatment successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our financial policy, which we require you read and sign prior to any treatment.

1. If your family has a cost participation fee/ or deductible with your insurance plan, you will receive a bill for your cost participation. All payments should be mailed to:

**Verbal Expressions, Inc.  
5300 Memorial Drive  
Suite 126  
Stone Mountain, GA 30083**

2. You are responsible for informing Verbal Expressions, Inc. if your coverage is voluntary or involuntarily canceled (for any reason) by Medicaid, Peachcare for Kids, or your private insurance provider, etc. In the event that your coverage is lapse, is canceled, or denied (for any reason), you will be responsible for all services provided since the last date of coverage with Medicaid, Peachcare for Kids, or your private insurance provider, etc.

3. If you plan to pay through private payments, the fees for the week will be due on the last therapy session of the week. For example, if your child receives therapy on Tuesday and Thursday, your payment for BOTH days will be due on Thursday at the end of the session. Verbal Expressions, Inc. accepts payment in the form of Personal Checks, Money Orders, and Cashier's Checks only at this time.

4. If you need to cancel or reschedule a therapy session, you must contact us by 8 p.m. the day before the scheduled appointment at 404-297-5888.

5. It is important that appointments be kept or rescheduled to benefit from therapy services. If you cancel 50% of scheduled sessions for one month, Verbal Expressions, Inc. reserves the right to discontinue services.

6. All return checks will be charged a fee of \$30.00 for insufficient funds.

All questions and concerns regarding billing should be directed to Corey E. Evans.

**I have read or had the financial policy explained to me. I understand and agree to the financial policy.**

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Corey Evans /Therapist

\_\_\_\_\_  
Date