



**SFE Billing Process & Credit Card Form**

I, \_\_\_\_\_, give permission to *Speech For Each, LLC (SFE)* to keep this credit card (CC) on file and for *SFE* to process my monthly therapy payments on this CC via QuickBooks. I understand that my billing information will be kept confidential and that my CC will only be used for its intended purposes.

<i>Billing Address</i>	
<i>CC Holder Name</i>	
<i>CC Number</i>	
<i>Expiration Date</i>	
<i>CVV Code</i>	
<i>CC Type (Visa or Mastercard)</i>	

**Billing Process**

*SFE* will send out an invoice email each month from QuickBooks for my review. A flat 3% CC processing fee (which still does not cover the full cost of the CC processing fee), will be applied to the bill total. It is not a tax. We do not accept other forms of payment.

- I will provide *SFE* with an active CC to keep on file for monthly payments.
- I will update *SFE* promptly if I need to change/update the CC on file.
- I understand that receipts are automatically generated and emailed to me. Notes/session summaries are also provided electronically after each session. It is my responsibility to keep track of these original records and/or understand that my account needs to be current/paid in full in order to request reduplicated administrative work.
- *SFE* will automatically process my credit card 3 business days after the initial invoice is sent to me.
- I understand that I am personally responsible for payment, in full, first to *SFE* for services rendered and that any reimbursement for these services is between myself and my health insurance provider.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## **SFE Billing Process & Credit Card Form**

I, \_\_\_\_\_, have read all components of the *SFE* Billing Process & Credit Card Form and acknowledge that I fully understand the policies hereunder. I further acknowledge that I understand treatment services, session rates, and the full content of the Consent For Services Form, which I signed and dated as part of the *SFE* onboarding process.

### **Schedule Changing & Cancellation Policy**

#### *Schedule-Changing*

- I understand that I am committing to weekly intervention services with SFE.
- I understand that I can permanently change my prearranged weekly schedule by providing two weeks of notice in writing.
- Changes include: pausing/missing\* three/3+ consecutive sessions (excluding emergency situations); increasing weekly services (ex., x2/weekly session increased to x4/week); reducing weekly services (ex., x4/weekly sessions reduced to x2/week).
  - \*Pausing/missing multiple sessions most often comes up around summer holiday scheduling. A make-up (MU) session can be scheduled to avoid losing an active spot on my *SFE* therapist's schedule. Arrangements of this nature do occur and *SFE* will work to accommodate your scheduling needs while maintaining consistency of services

#### *Cancellation*

- I understand that late cancellations (<than 24-hour notice) or no-show appointments, excluding emergency situations, will be billed at the full rate of scheduled service. A MU session can be scheduled within two weeks to offset this charge; however, MU sessions are not guaranteed. If a make-up session is not or cannot be scheduled, I understand that I will be billed the full rate for the missed session and it will be reflected as such on my monthly invoice.
- I understand that I can terminate services for any reason but I must provide two weeks of notice in writing and participate in services for the next two full weeks of prescheduled services and according to the schedule agreed to at onboarding.
- I understand that if I wish to terminate services *immediately* for any reason, I will be billed for all sessions previously scheduled for those two weeks following my written notice.
- I understand that I can convert my final two weeks of services from direct intervention to team meeting time, formal report writing, therapy material development, or parental education so that my exiting services are maximally beneficial. To that end, my therapist may make recommendations for how best to spend the final sessions. Regardless, I will have a say in how the final sessions/session times are spent.
- Should I fail to commit to a plan with *SFE* for the final two weeks, I understand that I will be charged as if I decided to terminate services immediately.
  - In this way, I acknowledge that failing to respond or failing to give notice does not preclude me from being held financially responsible for final invoice charges.
- *SFE* retains the right to terminate services in the event of nonpayment, excessively or consistently late payments, and/or excessive cancellations, without MU efforts.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_