



Kelli Murdock Eickelberg, MA-CCC
Speech-Language Pathologist

7701 SW Cirrus Dr, 32-D **503.520.5030**
Beaverton, Oregon 97008 503.520.5090 FAX

Office Policies

Payments:

- I am an out of network provider and do not submit insurance claims.
- I do obtain pre-authorization from your insurance provider if needed.
- Insurance claims are the responsibility of the patient’s parent or guardian, or the patient. I am happy to offer advice on submissions.
- Payments are collected monthly on the last scheduled appointment day of that month.
- Payments may be made by cash, money order, or check made out to: Kelli Eickelberg.
- A \$25 fee will be assessed on all checks returned by a financial institution.
- Payments may also be made by Visa, Mastercard, American Express or Discover only on the last day of service for that month. If payments are made after that date, check, cash or money order is required.
- A 1% additional fee will be added to credit card charges that are keyed in manually and not swiped.
- Fees for initial evaluations must be paid in full before therapy will be scheduled.
- Balances not paid in full within 10 days will be assessed an additional fee of \$10.00.
- If difficulties arise, please discuss a payment schedule with me.

Signature of parent, guardian, or patient

Dated

Attendance Policy:

- Any appointments missed without prior notice or canceled later than 2 hours before the appointment time will be charged for the therapy time scheduled.
- If the client’s attendance drops below 80% over a three month period, therapy may be discontinued at the discretion of the provider.

Initials of parent, guardian, or patient

Office Closures:

- Patients and their families will be notified of clinic closures.
- In case of inclement weather, this clinic follows the Beaverton School District closures.

Initials of parent, guardian, or patient