



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.

CC Billing Address	
CC Holder Name	
CC Number	
CC Expiration Date	
CC CVV Code	
CC Type (Visa, Mastercard, Amex, Discover)	

Billing Process

SFE will send out an invoice email each month from QuickBooks for my review. A flat 4.5% CC processing and operations fee will be applied to the total invoice amount. This is not a tax. Payments can be made using a Visa, Mastercard, Amex, or Discover CC. We do not accept other forms of payment. In addition,

- I will keep an active CC on file with *SFE* at all times.
- 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, 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: _____



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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 have signed and dated as part of the *SFE* onboarding process.

Schedule Changing & Cancellation Policy

Schedule-Changing

- I understand that I am committing to weekly therapy services with *SFE*.
- I understand that I can permanently change (*increase, decrease, pause, or cancel*) my prearranged weekly schedule by providing two weeks of notice in writing.
 - Increasing weekly services (ex., x2/weekly session increased to x4/week)
 - Decreasing weekly services (ex., x4/weekly sessions reduced to x2/week)
 - Pausing or canceling 3+ consecutive sessions (excluding emergency situations)
- I understand that I am committed to services throughout the entire year, including the summer months and holidays. Make-up (MU) sessions are expected so I will coordinate the rescheduling of any sessions directly with my *SFE Therapist* with at least 24-hours’ notice to avoid late cancellation charges.

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 service.
- A MU session can be scheduled within two weeks to offset this charge; however, MU sessions are not guaranteed.
 - If a MU session is not or cannot be scheduled, I understand that I will be billed the full rate for the missed session.
- I understand that I can terminate services for any reason but must provide 2 weeks of notice in writing. I must also participate in any therapy sessions confirmed and previously scheduled for those 2 weeks.
- I understand that if I wish to terminate services *immediately* for any reason, I can do so but will still be billed for all sessions previously confirmed for the 2 weeks following my written notice.
- I understand that I can convert my final 2 weeks of services from direct therapy into team meeting time, formal report writing, therapy material development, or parental education so that my existing services are maximally beneficial. To that end, my therapist may make recommendations for how best to spend the final sessions. Regardless, I will have ultimate say in how the final session time is spent.
- Should I fail to commit to a plan with *SFE* for the final two weeks, I understand that I will be billed as if I decided to terminate services immediately and charged according to the last-confirmed weekly therapy schedule.
 - In this way, I acknowledge that failing to respond or failing to give 2 weeks’ 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, excessive or consistent late payments, and/or excessive therapy cancellations, without MUs.

Signature of parent/guardian: _____

Date: _____