



## Consent to Speech Therapy Services

I hereby consent and authorize Global Speech Therapy, LLC to evaluate, diagnose, and provide speech treatment for \_\_\_\_\_.

### Financial Policy

Thank you for choosing Global Speech Therapy, LLC! Please note that Global Speech Therapy, LLC is a private pay practice at this time and does not directly accept insurance. We will however provide documentation when requested for reimbursement by your insurance. Clients are responsible for confirming insurance coverage and handling all reimbursement. Please note that all insurance companies vary and speech-language therapy services may or may not be a covered benefit by your insurance. All payment for services is required at the time services are rendered. We accept payment by cash, personal check, Venmo and Zelle. There is a service charge of \$25.00 for any returned check.

### Acknowledgment

I, \_\_\_\_\_, acknowledge and accept complete responsibility for payment of all services rendered by Global Speech Therapy, LLC and/or its consultants. I understand that I am responsible for prompt payment of any cancellation or no-show fees incurred as outlined in the Attendance and Cancellation Policy. I have read, understand, and hereby agree to the Financial Policy of Global Speech Therapy, LLC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Name of patient: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_