

ASSOCIATED SPEECH AND LANGUAGE SPECIALISTS, LLC FINANCIAL POLICY

Welcome

We are glad that you have joined us at Associated Speech & Language Specialists, LLC (ASLS). It is the goal of our Speech-Language Pathologists and staff to provide high quality care. We feel it is important that you understand the financial responsibilities related to your treatment.

Our billing is administered through **Great Lakes Medical Billing (GLMB)**. We encourage you to communicate with them if you experience any difficulty or concerns with your account. They can be contacted at 1-877-692-5484, M-F, 8am – 4:30pm, or by e-mail at billing@greatlakesmb.com

We accept cash, check or Visa/Master card and Discover.

Medical Insurance

ASLS is a participating provider for many health insurance programs. As a courtesy, we will submit your claims to your insurance company, but ultimately, the balance on your account is your responsibility. It is imperative that the clinic has a current copy of your insurance card(s) so that the claim can be submitted properly. *I understand that if at any time my insurance company changes, I will be solely liable for any and all charges insurance denies as a result of that change. In addition I understand that if my insurance denies coverage as “not medically necessary” I will be responsible for any denied charges.*

Each insurance plan has different requirements for speech benefits. *I understand that it is my responsibility to contact my insurance company to verify that I have speech benefits and to confirm any required referral or authorization is in place prior to receiving speech services, any charges denied as a result will be my sole responsibility.*

Secondary Insurance

Having more than one insurance company **does not** always mean that your services are completely covered. We will bill your secondary insurance as a courtesy to you. *I understand if for any reason my primary insurance does not make a determination in time to allow GLMB to bill my secondary insurance, the balance remaining from the primary carrier will be my responsibility.*

Appeals

I understand once insurance has made their determination of payment or denial any remaining balance is due. If I appeal the decision and an additional payment is made, ASLS will then refund any overpayment.

Payment At Time Of Service

Payment in full is **required** at the time of service in order to receive the PATOS discount.

Missed Appointments

*I understand that a fee of \$50.00 will be billed to me for each missed appointment that I do not cancel in advance. This fee is **not** billable to your insurance. I understand there is a \$30.00 service fee for all returned checks.*

Past Due/Delinquent Accounts

Payment for denied charges and/or any unpaid balance due amounts are due within 30 days. **We will require a credit card on file. Any balances over 30 days past due will be assessed an interest fee of 8%, and we will automatically run your credit card for the balance owed. To avoid this, please pay your statement balance in full each month.** Delinquent accounts will be turned over to Credit Adjustments, Inc. *I understand a fee of 30% of my balance will be added to my total balance due if my account is turned over to collections. I have read the above financial policy and agree with ASLS terms.*

Print Name

Signature

Date