



ASSOCIATED  
SPEECH &  
LANGUAGE  
SPECIALISTS

## ASSOCIATED SPEECH AND LANGUAGE SPECIALISTS, LLC PAYMENT POLICY

Copayments, Coinsurance, Deductible, and PATOS are the responsibility of the client.

Co-pays and PATOS are due at the time of service. If payment is not received for your coinsurance or deductible you will be sent a statement. You might not receive a statement in the first cycle following start of treatment, as there can be a delay in invoicing due to claims processing time.

If you fail to notify ASLS of insurance changes, you will be responsible for any portion of your bill that insurance does not cover.

**We will require your 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.**

After 60 days of non-payment on an account, Speech and Language therapy services may be discontinued unless a payment plan has been arranged. We are flexible and happy to work with you to arrange a payment plan so that the client can receive the services he or she needs.

After 90 days of non-payment on an account or monthly payment on a payment plan is delinquent, further action will be taken to collect the balance due.

Please see the front desk assistant if you have further questions regarding our payment policy.

Client Name: \_\_\_\_\_

Client/Parent Name: \_\_\_\_\_

Client/Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[www.associatedspeech.com](http://www.associatedspeech.com)