



# AMPLIFY

SPEECH THERAPY • FIND YOUR VOICE

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Please reach out if you have any questions about this agreement. If reviewing via the patient portal, you will be asked for an electronic signature that indicates you have received, read and understand these company policies.

## PAYMENT POLICY & AGREEMENT

Medicare Claims: Amplify Speech Therapy accepts Medicare reimbursement and will submit the necessary invoice for reimbursement to CMS on the client's behalf. Medicare has a 20% co-pay that is due at the time of service. Please be prepared to make payment on the patient portal prior to or at the time of your scheduled visit.

Private Health Insurers: Amplify Speech Therapy does not currently have an agreement with private insurances. If you would like to utilize your private insurance for reimbursement, Amplify will support this process, however, *it is the client's responsibility to confirm benefits and coverage and to submit necessary documents for reimbursement.*

It is advised that the client confirm with their health insurance carrier whether a pre-authorization is required prior to the start of services, whether a signed physician order is required for evaluation and treatment, whether the referring physician is required to sign the plan of care and to confirm the amount the insurance is willing to reimburse for services. *Amplify Speech Therapy is not responsible for denial of claims related to failure to complete and communicate these steps.*

Amplify can provide a superbill for each visit. A Superbill is a detailed invoice that contains the necessary information, including diagnosis codes and treatment codes, that an insurance company requires in order to submit for reimbursement of services. Regardless of intent to file with private insurance separately, *full payment of services is due before or at the time of service.*

Out-of-pocket Payers: Payments are due before or at the time of service by credit or debit card, or online via PayPal.

Estimate of Expenses: If filing with a private health insurance carrier or paying out-of-pocket for services, and you would like to obtain an estimate of the charge(s), this can

be provided in advance if a phone consultation is completed to narrow down the anticipated service and charge. However, if during the exam, additional services are found to be indicated (for example, a language test is scheduled but during the session the client also reports swallow problems) this can be discussed at the time of service and agreed upon prior to incurring any unexpected costs.

## CANCELLATION & NO-SHOW POLICY

A consistent schedule is important for demonstrating progress in therapy. If there are 3 or more missed therapy sessions in a 6-week period, Amplify reserves the right to place your services on hold until scheduling conflicts are resolved.

It is requested that you give at least 24-hours' notice to cancel or reschedule an appointment. Failure to give sufficient notice or be present within 15 minutes of your scheduled session is considered a missed appointment or "no-show." Amplify Speech Therapy will charge the client a flat rate of \$50 for any missed appointments. This payment is due at the next scheduled visit or prior to scheduling additional visits. Please note that insurance providers do not reimburse for missed appointment charges.

If you have a fever, persistent cough, or any other signs of illness, and an in-person appointment is scheduled, consider switching to a virtual therapy session. As much of my clientele is immunocompromised, it is important to minimize the risk of spreading illnesses. It is understandable in the case of illness, that a 24 hours' notice is not always possible and a minimum of 3-hours' notice is appreciated.

For clients seen in-home, Amplify Speech Therapy reserves the right to cancel or reschedule appointments in the event of inclement weather. A 24-hours' notice will be provided when able and the client will be given the opportunity to switch to a virtual therapy session.

I have read and accept all policies pertaining to insurance and billing, missed and last-minute cancelled appointments, illness and inclement weather and teletherapy services.

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Client or Representative Signature

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Date

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Client or Representative Printed Name