



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 documentation for reimbursement to CMS on the client's behalf. Medicare has a 20% co-pay that is due at the time of service for evaluations. Please be prepared to make payment on the patient portal prior to or at the time of your scheduled visit. Co-pays for follow up visits may be billed monthly if agreement is made between client and provider.

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 out-of-network 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 out-of-network services. *Amplify Speech Therapy is not responsible for denial of claims related to failure to complete and communicate these steps.*

The client is responsible for full payment of services, due before or at the time of service. Monthly billing for follow-up sessions may be processed if a credit/debit card has been authorized via the patient portal. For insurance reimbursement, Amplify provides a Superbill for each visit. A Superbill is a detailed invoice that contains the necessary information, including diagnosis codes and treatment codes, that you may then submit to the medical insurance company for reimbursement.

Out-of-pocket Payers: Payments are due before or at the time of service. Monthly billing is an option if an authorized credit card is on file via the patient portal.

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 upon request.

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 10 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.

Client or Representative Signature

Date

Client or Representative Printed Name