

Therapy Agreement of Participation and Financial Responsibility

I _____ give consent to the Bayles Family Speech Center, LLC to provide speech-language therapy to

_____.

I understand that the Bayles Family Speech Center, LLC is a fee for service agency and does not accept insurance. I acknowledge that it is my responsibility to submit invoices to my insurance company for reimbursement at an out-of-network benefit, when applicable.

I understand that payment for therapy services is due at the time services are rendered. It has been agreed upon that if more than one session is provided weekly, payment may be provided in full at the end of each week. An invoice will be received at the final session of the week.

I acknowledge that I have received a copy of the Bayles Family Speech Center Policies and Procedures.

Signature of Responsible Party

DATE