

**Evaluation Agreement of Participation and Financial
Responsibility**

I _____ give consent to the Bayles Family Speech Center, LLC to complete a speech-language evaluation on (please write in patient's name) _____.

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 the \$500.00 evaluation fee is due on the day of the evaluation.

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

Signature of Responsible Party

DATE