



## PipSqueak Speech Therapy Payment Policy

Appointments are available from 8:00 AM to 5:00 PM, Monday through Friday. Saturday hours may be available for special circumstances. The key to progress is regular attendance. We ask that you make every effort to take advantage of the appointment time that has been reserved for you. You may cancel your appointment up to 24 hours beforehand; If you cancel at any time, your appointment will be rescheduled. **If you do not call to cancel and do not show for your appointment, you will be charged a thirty dollar (\$30.00) no-show fee.**

**Payments are due within seven days of your appointment.** An invoice will be sent to you via email. Acceptable forms of payment are cash, check, or other pre-approved methods. Checks should be made out to *PipSqueak Speech Therapy*. A fee of twenty-five dollars (\$25.00) will be charged for returned checks. Credit Cards are not accepted at this time. No partial payment of bills will be accepted without pre-approved written arrangements with PipSqueak Speech Therapy. It is your responsibility to pay your bill promptly. A **late fee of \$20** for outstanding balances will be charged **after two weeks** from the date of service, and an **additional \$20 fee** will be added **each week following**. If an outstanding balance is one month past due, therapy services will be frozen until your balance is paid, during which time your slot is not guaranteed to be held. After 90 days past due, the account will be turned over to a collection agency. While we regret ever having to take such steps, you can be reassured that our attention to prompt payments with all of our clients will serve to keep our fees for services as reasonable as possible. We do not accept Medicare or private insurance at this time. However, if you would like to file for reimbursement from your insurance company on your own accord, we will be more than happy to provide you with the necessary documentation to complete this action.

\*I agree to the above policies.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

1560 Kinnard Drive, Franklin, TN 37064

Phone: 615-587-2683 Fax: 615-595-4255 Email: tara@PipSqueakSpeechTherapy.com

**w w w . P i p S q u e a k S p e e c h T h e r a p y . c o m**