Schie Speech, LLC
5589 Greenwich Rd. Suite 150
Virginia Beach, VA 23462
Tel: 757-401-4435 | Fax: 757-703-3158

Financial Policies and Benefit Details

Schie Speech is a provider of service that accepts health insurance. As a courtesy Schie Speech will verify benefit detail information from your elected Health Insurance Provider. Please note that the cost of service(s) will vary depending on your insurance plan's negotiated rates with our clinic. Any deductible, co-pay, co-insurance or non-covered services will be the responsibility of the client or caregiver of the client receiving services. This includes any non-payment of fees by the insurance company for any reason, regardless of the Explanation of Benefits (EOB). If authorization is required by the insurance provider, Schie Speech will obtain this prior to services being rendered. I understand, Schie Speech suggests I contact the insurance carrier to verify coverage, benefits, and prior authorization requirements prior to having any services performed. I understand that any non-covered services will be my financial responsibility and payment will be required prior to the scheduled appointment. I understand and agree that it is my responsibility to determine what is covered and not covered prior to the service being performed. Any of the following codes, which can be subject to change, may be charged during the consultation: SPEECH 92523, 92507; SWALLOW 92610, 92526; OCCUPATIONAL 97615, 97530. Please be aware authorizations and referrals are not a guarantee of payment. If I elect to attend the scheduled appointment prior to the receipt of authorization, I understand that I am responsible for payment in full at the time of the session.

I understand any information provided to me by Schie Speech is NOT a guarantee of payment/reimbursement from my insurance. I understand that it is my responsibility to notify the staff of Schie Speech immediately of any insurance changes. In the event I have not made the provider aware of the change prior to the time of service, I understand that I am responsible for the charges of the services provided.

Any delinquent accounts may be reported to a collection agency following normal collection procedures. Overdue accounts may also be reported to a Credit Bureau. The client will assume all legal and collection fees which Schie Speech LLC may incur if payment is not made in accordance with the terms and conditions herein. Please notify the billing staff if payment will be late in arriving or if payment arrangements are needed.

Client Name: _____ DOB: _____

If client is a minor, name of CareTaker: _____

Date Benefits Verified: _____ Contact: _____ Ref#: _____

Insurance Provider: _____ Member ID: _____

Co-Pay/Co-Insurance due per visit: _____

Deductible: _____ Remaining: _____

Maximum Out of Pocket: _____ Remaining: _____

Authorization Required: YES NO Visits Allowed: _____ Exp: _____

- I wish to use my health insurance: YES NO N/A
    - *If yes, you acknowledge you have verified that the health plan in which you are covered includes benefits for some or all of the services provided by Schie Speech.*

I have read and understand that the verification of benefits is not a guarantee of payment and I am responsible for charges accrued as the result of services rendered. I also understand that any copay or co-insurance required by my insurance plan is due prior to services being rendered.

_____	_____	_____	_____
Printed Name	*Signature*	*Relationship to patient*	*Date*

- I wish to opt out of using my health insurance: YES NO N/A
    - *If yes, you acknowledge that a claim will not be submitted to your health plan for services provided by Schie Speech. By electing to be self-pay for services, you understand that any payments made to the clinic will not be credited toward satisfying any deductible that I may be subject to under my health insurance plan unless otherwise permitted under the terms of my health plan. You will be listed as self-pay until the clinic has been otherwise notified in writing.*

- I do not have health insurance and will be paying for services out of pocket: YES NO N/A

If self-pay, please select the plan in which you wish to participate.
Please note: Insurance itemizes services by codes, whereas self-pay rates are not.

	Standard Self-Pay Rates	60-Minute Initial Consultation: $228.00 30-Minute Speech Therapy Follow-up Visit: $90 60-Minute Occupational Therapy Follow-up Visit: $180.00
	Midwife Referral Self-Pay Rates ** Applies to the first 6 weeks of life only. Must have a referral on file from a midwife to qualify.*	60-Minute Initial Consultation: $114.00 30-Minute Appointment: $75.00
	Speech Bundle	4 Sessions - 30 Minutes each: $300.00 **Save $60.00 off standard rates*
	Occupational Bundle	4 Sessions - 60 Minutes each: $456.00 **Save $246.00 off standard rates*

I have reviewed and carefully considered the self-pay options and elected the rates I wish to utilize for services at Schie Speech. I understand that payment is expected prior to services being rendered.

_____	_____	_____	_____
Printed Name	*Signature*	*Relationship to patient*	*Date*