



FEE SCHEDULE AND BILLING PROCEDURES

Insurance

Engaged Speech & Language Therapy is currently in-network and able to directly bill the following insurance companies:

- Premera
- Regence
- Tricare

For families with one of the listed plans, Engaged Speech & Language Therapy will bill insurance directly. You are responsible for your co-payment (due at time of service). Additional information will be needed regarding your insurance plan in order to provide details regarding your insurance (co-payment responsibility, maximum therapy visits, etc.).

Private Pay

If you do not have one of the insurance companies listed, you can opt to pay Engaged Speech & Language Therapy directly. If a family wishes to pursue insurance reimbursement, the family will submit the bill to their insurance company. Families are urged to familiarize themselves with their particular insurance companies' reimbursement procedure. Engaged Speech & Language therapy is not able to counsel families regarding insurance reimbursement policies as they vary widely. Engaged Speech & Language therapy is able to provide additional documentation as needed to help with reimbursement.

For private pay families you have the option of paying at the time of service or monthly. If interested in a monthly payment plan, an itemized bill will be sent following the last session of the month. Please note for families that prefer to pay monthly, a "card on file" authorization form will need to be completed.

Private Pay Fees for Therapy (code: 92507)

45 – 60 minute session: \$120.00

Private Pay Fee for Evaluation (code: 92523)

Up to 90 minutes + report: \$240

Private Pay Late Payment: All balances noted in "Amount Due" on monthly itemized bills are to be paid in full within 14-days of billing date. A 20% late fee will be applied to the itemized bill if payment is not received within the above timeline. At that time the patient's card on file will be charged for the balance plus late fees incurred.

Billing Agreement

Please select one:

I have an in-network insurance and elect to have Engaged Speech & Language Therapy bill directly for services. Please initial next to the following policy details to indicate agreement:

____ I understand that I am responsible for co-payments &/or co-insurance at the time of service.

____ I understand that I am responsible for understanding my benefits including but not limited to pre-authorization processes and benefit details (rate and number of allowed visits).

____ I understand that Engaged Speech & Language Therapy will not be held responsible if my insurance does not cover therapy charges. Engaged Speech & Language Therapy will assist with insurance mediation as needed for the first 60 days following an unpaid claim. At the 60 day mark I am responsible for contacting my insurance company directly to mitigate reimbursement issues. After 90 days following denied claim, I will be directly responsible for paying unpaid claim balances directly.

____ I understand that I am required to notifying Engage Speech & Language Therapy with any insurance changes.

I elect to private pay for therapy services. Please initial next to the following policy details to indicate agreement:

____ I understand upon receiving the monthly bill for speech-language services, I am to pay Engaged Speech & Language Therapy directly within two weeks.

____ I agree to place a credit card on file to be processed for co-pays &/or co-insurance due at time of service.

____ I agree that my credit card on file will be processed to collect any balances that are overdue (two weeks past billing date) or as agreed upon (see credit card authorization form for details).

I have read and understand the fee schedule and billing procedures.

Name: _____

Signature: _____

Date: _____

