



CARY SPEECH SERVICES

Suite 275 875 Walnut St. Cary, NC 27511 460-0113

SERVICE AGREEMENT

RESPONSIBILITY FOR PAYMENT: I agree that I am responsible for the total balance due on my account for services rendered by Cary Speech Services even though I may arrange for my health care plan to pay for part of it. Cary Speech Services is also authorized to charge my account for any broken appointments or late cancellations in which I have not given at least 3 hours prior notice of canceling the appointment.

RESPONSIBILITY FOR PAYMENT: Cary Speech Services is hereby authorized to release any treatment or diagnostic information required in the processing of applications for financial coverage for services rendered.

PAYMENT PLANS: I choose the following payment plan with the associate stipulations:

(A) **IMMEDIATE PAYMENT:** I agree to pay the full fee at the end of each session. Cary Speech Services will file the insurance to be payable to me or I will file the insurance myself with receipts from Cary Speech Services.

(B) **DEFERRED PAYMENT:** I agree to pay the deductible and co-payment amounts at the end of each session. Cary Speech Services will be filing the insurance for deferred payment to the center. In the event that my health care plan denies payment for any reason, then I agree that Cary Speech Services will immediately charge my credit card account to only pay for the charges denied by my health plan. Whenever Cary Speech Services charges my credit card for a health plan denial, Cary Speech will mail me a notice that a charge has been made to my credit card. In the event that my health plan reverses a denial decision and eventually pays on charges previously paid to me, Cary Speech Services will promptly refund to me any overpayments. For my convenience, I also authorize that Cary Speech Services will charge my credit card to pay for co-payments and deductibles unless I pay these amounts by check or cash at the end of each session.

For either payment in plans (A) or (B) above, Cary Speech Services is authorized to charge the following credit card. I also agree to pay a charge of \$25.00 for each occurrence of insufficient funds for attempted check or credit payments on my account. It is my responsibility to update Cary Speech Services if the credit card below changes for any reason.

_____ VISA or MC _____
(Card Number) (Name on Card) (Expiration Date)

I hereby agree to the above payment plan and authorization:

_____ (Signature) _____ (Date)