



210 Porter Drive, Suite 200  
San Ramon, CA 94583  
60 Fenton Street, Suite 2  
Livermore, CA 94550

925-743-3322

## *Language Essentials* **Billing and Payment Policy**

Language Essentials will collect all fees due at the time of the service. This includes but is not limited to private pay clients, insurance co-pays, co-insurance and deductibles.

If the Client is a member of an insurance company of which Language Essentials is an in-network provider, Language Essentials will submit payment claims on behalf of the Client to the insurer. As a courtesy Language Essentials will submit claims to the insurance company, a maximum of two times. This requires your current insurance information and a copy of your insurance card. **We also require your social security number for our records.** Your financial records as well as your medical records are kept confidential and secure. Any further insurance appeals are the responsibility of the Client. This includes, but is not limited to, insurance company denial of coverage for any procedure and/or diagnostic code, policy deductibles, policy maximums for annual or lifetime benefits being exceeded, insurance paying an amount for a procedure based on its usual and customary benefit schedule which is less than the fees charged by Language Essentials for such procedure and Language Essentials not receiving payment within 45 days even if you are appealing the denial of insurance benefits by the carrier. Language Essentials is not responsible for tracking the number of allowable visits/sessions per coverage period. This is solely the responsibility of the Client.

It is the Client's responsibility to know their speech therapy benefits, limits and exclusions, in addition to their deductibles and copay or coinsurance amounts.

It is your responsibility to make sure the insurance plan we have on file is the most current. **Any claim that needs to be resubmitted due to new insurance, incomplete or outdated information will incur a \$25 administrative refiling fee.**

If the Client is the member of an HMO, a referral is required prior to services being rendered by Language Essentials. If we do not have a referral at the time of the patient's initial appointment, the appointment will be rescheduled, or, by signing this document, the Client accepts responsibility for all charges incurred until a referral and payment are received by Language Essentials.

Language Essentials is not responsible for tracking the expiration dates of insurance coverage authorizations. It is solely the responsibility of the Client to monitor coverage authorizations, inform Language Essentials of pending expiration dates, and to request new authorizations from their insurance carrier.

Language Essentials will be paid in full by the Client regardless of the status of the Client's reimbursement with his/her insurance company. Language Essentials has no responsibility for non-reimbursement by the Client's insurance company.

Language Essentials reserves the right to refuse services if payments are not received within 10 days of the previous month's invoice or the equivalent of three therapy sessions. The Client acknowledges Language Essential's right to add interest, late fees (\$25.00 per month) and collection costs (including legal fees), if applicable, to any invoice not paid within this period. If payments by the Client are returned for any reason, Language Essentials will add the returned check fee (\$35.00), denied credit card fee or any other related fees to the amount owed by the Client.

As the party responsible for payment to Language Essentials, I have read this policy. I understand the Billing and Payment Policy and agree to its terms as presented.

---

Signature of Client  
(party responsible for payment)

---

Print Name

---

Date