



## ***SPEECH THERAPY DISCLOSURE STATEMENT***

**EDUCATION & TRAINING** Sara Kemp, M.S., CCC-SLP, received her Bachelor of Science degree in Speech-Language Pathology from Texas Christian University in Fort Worth, Texas in 1990. She was awarded her Master of Science degree in Speech-Language Pathology from University of North Texas in Denton, Texas in 1993. Sara has held the Certificate of Clinical Competence (CCC) from the American Speech-Language Hearing Association since 1993. This certificate ensures that Sara adheres to the code of ethics for her national professional organization and participates in ongoing continuing education courses in order to provide the most current and evidence-based services to her clients. She has held Washington State licensure for Speech-Language Pathology since 2000, and this also ensures ongoing continuing education participation.

**BILLING** I am happy to bill your insurance company, as a courtesy. I will assist in providing appropriate and necessary information to your insurance company. I will accept payment directly from your insurance company. My office will submit monthly billing invoices to you for any portion of your bill that falls on your responsibility.

Please realize that the insurance agreement is between you and your insurance company.

- *It is your responsibility to know any limitations of your insurance coverage. Payment for all services is ultimately the responsibility of the client.*
- *It is your responsibility to notify me of any insurance change; a change in your insurance may mean a change of coverage; some plans do not cover my services and you will be responsible for any charges which are not covered by the new plan.*

### Payment

- Outstanding balances are payable upon receipt of billing invoice.
- Payment must be tendered in cash or check; I cannot accept credit or debit cards.
- A processing fee of \$25 will be assessed for returned checks or insufficient funds.
- A late fee of 5% will be added to any balances that are more than 90 days past due (minimum \$2/month).
- In the event of default of any amount due, the client is responsible for payment of all collection costs.

**ATTENDANCE POLICY** I require notice of cancellation of appointments as soon as possible, at least by 9:00 am the day of the missed appointment. My confidential voice mail is available to receive messages 24 hours per day. If advanced notice of a missed appointment is not received, you will be charged a \$25 cancellation fee. I do not routinely confirm appointments; typically your appointment is reserved for you on the same day/time each week. If you are unable to attend appointments on a consistent basis, your appointment time will be relinquished to another client.

I have read and agree to the preceding description of office policies. I have been provided the opportunity to discuss any concerns or questions that I might have. I understand my rights/responsibilities outlined above.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Printed Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_