



Financial Regulations

It is essential that you provide us with complete and accurate information. We make every effort to submit your claims to your insurance company and promptly provide you with our statement. However, if for any reason your statement is returned to our office because of a problem with an address you provided, we will make one attempt to contact you by telephone number you provided. After this attempt your account may be sent to a collection agency for payment. To avoid this, please keep your information up to date.

_____ **Proof on Insurance:** Please bring your insurance card(s) with you to every appointment. As a courtesy to you, Wee Speak TLC will file your claims to your insurance company. However, it is your responsibility to understand what services are covered under your medical insurance policy. If you have questions regarding covered services, we urge you to contact your insurance company before services are provided. **IN THE EVENT OF INSURANCE CHANGES, WEE SPEAK IS TO BE NOTIFIED IMMEDIATELY OR YOU WILL BE RESPONSIBLE FOR PAYMENT OF SERVICES.**

_____ **Pre-certification:** Be advised that your insurance company may require a pre-certification, prior authorization or referral for extended services. As a courtesy to you, Wee Speak TLC will attempt to obtain these from your insurance company; however patients should take responsibility to ensure that these have been obtained prior to services being rendered.

_____ **When Payment is Due:** Payment is due at time of service. We accept cash, personal checks, Visa and MasterCard. All deductibles, co-pays and non-covered services are due at the time of service (unless payment arrangements have been made in advance).

_____ **Assignment of Benefits:** I hereby authorize, request and assign payment directly to Wee Speak TLC coverage the period of treatment related past and future treatment, by all insurance carriers with whom I have coverage or from whom benefits are or may be payable to me.

_____ **Billing, Payments and Over Payments:** If an overpayment is made by you on the account, a refund will only be issued if there are no other outstanding debts on other accounts containing the same guarantor or financial responsible party. Patient balance foreseen at time of service will be billed to the address you have provided for billing purposes. All balances are due in full within 30 days of the billing date. If you cannot pay the balance in full, please contact our office to see if you qualify for a payment arrangement option.

_____ **Past Due and Delinquent Accounts:** Failure to meet your financial obligations may result in turning your account over to our collection agency. Furthermore, you could be denied services from Wee Speak TLC. All attorney fees, collection fees, court cost, and any other expenses related to collecting your account will be added to you outstanding balance.

_____ **Children of Divorced Parents:** Unless a court order or court document is provided, our statements will be sent to the address we have where the child resides.

_____ **Self-Pay Patients:** Self pay patients are those not covered by ANY insurance policy or third party payor. These patients will be required to pay at time of services.

Parent/Guardian Signature

Date

Witness

Date