

Speaks Speech Therapy P.C. is required by law to give you a copy of our privacy notice. This notice explains how your health information is used and/or shared. It also explains you how you can obtain your information and comment on it.

_____ **I acknowledge receipt of eM Z,Ng Speaks Speech Therapy P.C. Privacy Notice.**
Initial

PAYMENT AGREEMENT

~~iZvgUK~~ Speaks Speech Therapy is an out-of-network private pay provider. We will provide upon request a monthly super-bill as a statement of your services. You can submit the super-bill on your own behalf to your insurance company for out of network reimbursement. We recommend checking your out-of-network benefits with your insurance company. verify acceptance of your insurance plan.

Payment is due at the time services are rendered.

_____ **I acknowledge receipt of and agree to the Payment Agreement outlined above.**
Initial

GENERAL ACKNOWLEDGMENT FORM

I hereby acknowledge and agree that I had read all of the forms and documents provided to me in connection with evaluation and treatment provided by Wyoming Speaks Speech Therapy P.C. and/or their employees.

I understand the meaning and intent of the provided forms and agree to all content included.

I have been given an opportunity to ask questions about the provided forms and all questions I've asked have been answered to my satisfaction by Wyoming Speaks Speech Therapy P.C..

In consideration for the professional services rendered to me or my child, by Wyoming Speaks Speech Therapy P.C., I acknowledge receipt of and agree with Wyoming Speaks Speech Therapy P.C. Office Policies and Agreements outlined above.

Parent/Guarantor Signature

Date

Parent/Guarantor Name (Printed)

Client Name (Printed)