

JABBERDOGS

SPEECH THERAPY

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PATIENT REGISTRATION FORM

PATIENT INFORMATION	Date:
Client Name: _____	
Date of Birth: _____	
Address: _____	
Languages: _____	
Diagnosis: _____	
Allergies: _____	
Parent/Legal Guardian Name: _____	
Email Address: _____	
Home Phone/Cell/Work Phone: _____	

HIPAA ACKNOWLEDGEMENT
By signing below you are acknowledging that you have received the HIPAA Notice of Privacy Practices.
PATIENT NAME (Printed): _____
Patient/Parent/Legal Guardian Signature: _____ Date: _____

AUTHORIZED SIGNATURE
I understand that I am financially responsible for all charges whether or not paid by insurance.
Signature: _____ Date: _____

Reports

At your request, Jabberdogs will provide written reports for schools, doctor visits, insurance, etc.

At this time, Jabberdogs only accepts Anthem Blue Cross and Blue Shield of California. For clients with other insurance plans, Jabberdogs will offer assistance by providing reports, therapy insurance codes, etc.

Whenever possible, please provide a 2 week notice for detailed reports to be drafted on your (child's) behalf. These reports are billed at \$200. Payment is due upon receipt of each report.

Jabberdogs appreciates your anticipated cooperation with these policies. If you have any questions, please bring them to our attention for further discussion.

Cancellations

We strongly feel that consistent therapy is crucial to your (child's) progress. At Jabberdogs, we value your time and commit to making the most of each session. Each session will consist of approximately 45 minutes of direct therapy, leaving the last 10 minutes for transition time, billing, progress notes, and discussion for carry over techniques. This is both an important and necessary part of the session.

- If you must cancel your session for any reason, 24-hour notice is required. Late cancellations and "no-shows" will be charged a \$50 fee.
- If the client is sick and cannot attend, please notify us by 10 am (no show fee will be charged after this time). If you have an early morning appointment and the client wakes up sick, please call to cancel at least 1 hour prior to the session.
- Please note that payments for missed sessions are expected at your next therapy visit.

If you are having difficulty attending regular sessions, please bring this to our attention so that we can work with you to find a more convenient appointment time. Please be considerate of the time that has been dedicated to you.

I understand the above policies and agree to cooperate with them.

Signature

Date

Charges and Fees

Payment of all charges under client responsibility is expected upon completion of each treatment session. These charges may include:

- insurance co-pays / co-insurance,
- payments towards a deductible,
- direct “out-of-pocket” costs of therapy,
- charges for preparing written reports,
- no-show / late cancellation fees, and/or
- late payment fees.

Late fees of 10% per month may be added to payments that are more than 7 days late.

At this time, Jabberdogs only accepts Anthem Blue Cross and Blue Shield of California. For clients with other insurance plans, invoices will be provided for submission upon request.

Payment Options

Jabberdogs accepts all major credit cards. Please fill out the *Credit Card Authorization Form* and return it on your first scheduled meeting. We will charge your card automatically at the end of each session, or on a weekly or monthly basis as agreed upon after the first session.

If you are uncomfortable providing a credit card number, Jabberdogs also accepts payment by cash or check. We expect pre-payment of one month of sessions before therapy can begin, and the pre-paid balance must be maintained in subsequent months for therapy to continue. The pre-pay amount will depend on your therapy schedule (number of sessions per week) and the per-session charges (co-pay amount, direct “out-of-pocket” fee, etc.). For insurance clients, we will assume a copay of \$25 until the first insurance payment is received, and we will use the actual copay amount thereafter. For all clients, this formula is only used to determine the required pre-pay balance; we will only deduct the *actual* charges for each month to determine your current balance. Any outstanding pre-paid amount will be refunded to you after the last therapy session.

If at any point a credit card transaction is unsuccessful, or if we do not receive payment to maintain the one-month pre-payment balance, we cannot commit to any additional service.

I understand the above policies and agree to cooperate with them.

Signature

Date