



CREATING VOICES
PEDIATRIC SPEECH - LANGUAGE PATHOLOGY

Creating Voices, PLLC
Clare Coates, M.S. CCC-SLP
Megan Davidson, M.S. CCC-SLP
7859 Walnut Hill Lane, Suite 200
Dallas, TX 75230
info@creatingvoicestherapy.com
214.530.0017

Payment Policy

Thank you for choosing our private practice to serve you. We are committed to providing you with the highest quality care. The timely payment of your bill is an integral part of our service and as such, this payment policy is an agreement between you and Creating Voices, PLLC for payment of services provided. By signing this policy, you are agreeing to pay for services provided to you or your family member. As a client of Creating Voices, PLLC you are required to carefully review and sign our payment policy.

Please read this document in full, check off all boxes to acknowledge understanding and then sign below:

Upon initiating services, Creating Voices provided you with an explanation of your insurance plan benefits in regards to speech-language and/or feeding therapy services. I understand that benefit information provided is simply a quote regarding my insurance coverage, it is not a guarantee of coverage or payment. Once claims have been filed, your insurance provider determines if they will cover services and/or allow claims to go towards a deductible. In the event therapy services be denied, the max amount you would be responsible for is the Creating Voices contracted rate with the insurance provider.

I understand that I am responsible for all costs / fees that my insurance company does not cover. In the event that my insurance company determines that rendered therapy services are “not covered” or otherwise denied, I will be responsible for all outstanding charges. I understand that I will be billed accordingly and will be responsible for immediate payment. I also understand that Creating Voices, PLLC will not become involved in disputes between me and my insurance company regarding uncovered charges or reasons for denial.

I understand that if fees are not paid in full, treatment sessions may be postponed or cancelled until payment is received.

I understand that I am responsible for all legal and collection fees, which Creating Voices, PLLC may incur if payment is not made in accordance with the terms and conditions herein.

I, _____, (client / guardian name) understand the payment policy and the risks of not adhering to it.

Print Name of Client

Date of Birth

Guardian or Responsible Party

Relationship to Client