

# TriCounties Speech Services, Inc.



**591 McCray Street Suite 201  
Hollister, CA 95023  
831-630-9044**

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## Office Policy

Welcome to TriCounties Speech Services, Inc.! We are excited to begin working with you and look forward to working together.

### **Payment for Services** (Please initial as acknowledgement)

\_\_\_\_ We accept private pay, private insurance, and Credit Cards

\_\_\_\_ Payment for services is expected at each session. If we are billing your insurance company as a courtesy to you, we will require your co-pay and any unmet deductible amounts when you arrive for your therapy session. Initial evaluations are to be paid for up front at the time of service.

\_\_\_\_ Balances on accounts that remain unpaid for sixty (60) days following dates of service will be subject to legal action for collection.

\_\_\_\_ In order to bill your insurance, you will need a prescription from your physician, a copy of your insurance card, and a copy of your driver's license for us to submit with any claims.

\_\_\_\_ Any insurance claims that are not paid within 30 days from dates of service will be billed directly to the patient.  
**Payment is ultimately the responsibility of the patient.**

### **Notification of Cancellation**

\_\_\_\_ Cancellation of a treatment session is required 24 hours in advance. In the event that you are unable to cancel 24 hours prior to a session, we request that you notify your therapist as soon as possible on the day of your appointment.

\_\_\_\_ You may be charged \$25 for each session not cancelled 24 hours in advance. Make-up sessions for cancellations will be done when possible, and must be scheduled with your therapist.

\_\_\_\_ Please cancel your session if you or your child has experienced vomiting, diarrhea, cold, flu, fever, or any other illness symptoms within the last 24 hours. You will not be penalized for a genuine cancellation with this cause.

*I have read, understand, and agree to the provisions of this office policy agreement.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**