

Sharilyn Mott, MS, CCC-SLP 40 Chestnut St., Unit 3 Dover, NH 03820

> Office: 603-842-4924 Fax: 603-343-4951

Financial Policy

Please Read, Sign and Initial Before Your First Appointment

Garrison City Speech & Language Services (GCS&LS) is a participating provider for Aetna, Allways Health, Ambetter, AmeriHealth Caritas, Anthem Blue Cross/Blue Shield, Cigna, Harvard Pilgrim Healthcare, Health Plans, Inc., MaineCare, Martin's Point Health Care, Medicare, NH Healthy Families, NH Medicaid, Tricare East, Tufts Health Plan, United Healthcare and Well Sense. Patients with these insurance plans will be required to pay the deductible, co-payments, co-insurance and non-covered services (i.e., consultations, attendance at IEP meetings).

Please provide credit card information to be maintained on file:

•	within 5 days	of service for co-payments, co-insurance and s of receiving adjudication from your insurance for ial)
Credit Card #		Exp Date:/
Name on Card:First		3-digit CVV#
First Billing Zip Code:	MI	Last
the day of service. A detailed receipt will be submit for coverage of out-of-network benefits are rendered and bille bill the above listed insurance companies details.	be provided to efits(j	nt, NOT the insurance company . GCS&LS will ourtesy to you. GCS&LS is not employed by the
insurance company. If for any reason the total amount billed to you within 30 days		npany denies payment, you are <u>responsible for the</u> se date(please initial)
insurance booklet and policy AND contact	your insurance	r insurance benefits. Please be sure to review you be company's Benefits and Eligibility Department before the initiation of services(please
delinquent, you will be responsible for colle \$35.00 charge for returned checks and either	ection agency er a \$25.00 or invoice date.	y and understand that if your account becomes fees and/or attorney/court fees. There will be a 50% service charge per month (whichever is less) GCS&LS accepts cash, checks, money orders or
Print Patient's Name:		
Patient's Signature: (Parent/Guardian Signature if patient is under 18)		Date: