Nancy Sims, M.A., CCC-SLP
Certified Speech-Language Pathologist

357 S. McCaslin Blvd., Suite 200
Louisville, CO 80027
Office: 303-544-2180
Cell: 720-308-5426
Fax: 303-544-2187
www.NancySims.net
nancy@nancysims.net

PAYMENT POLICY

Thank you for choosing me for your speech-language pathology needs. This is an agreement between you and me, Nancy Sims M.A. CCC, Certified Speech-Language Pathologist, for payment of services provided. By signing this agreement, you are agreeing to pay for all services provided to you or your family member.

Please read the following information carefully.

I am a State of Colorado Medicaid provider, but do not participate with any other insurance companies at this time. I will provide you with the documentation you need for reimbursement from your insurance company.

If you plan to submit bills to your insurance company, you should:

- Check with your insurance company before your first visit to find out what speech and language services they will pay for.
- Find out what information the insurance company needs.
  - You may need a note from your doctor, called a referral. You may need permission from the insurance company, called pre-authorization.
  - Referrals and pre-authorizations do not guarantee that insurance will pay for services.

Payment Options:

- Payment is due at the time of service. I accept cash, checks, cashier's checks, or major credit cards.

Or

- You will be billed for services at the end of each month. Payment is due within 15 days of receiving my bill. I accept cash, checks, cashier's checks, or major credit cards.
- I am happy to talk about other payment arrangements, if needed. Talk to me ahead of time to make payment arrangements. Please don't wait until you are not able to pay to talk to me.

Returned checks:

- You will be charged a $30 fee for each returned check.
- You will be asked to bring cash to the office to cover the amount of the returned check and the fee.

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Past due accounts:

- You are expected to pay in full within 30 days of receiving our bill. Accounts 30 days past due will be charged a 20% fee.
- Accounts 2 months past due will be sent to a collection agency. You will be responsible for collection costs, as well as attorney fees and court costs.

_____
Patient's Name

I agree to the payment policies outlined above.

_____ _____
Patient or Parent/Guardian Signature Date

_____
Relationship to Patient