

**Foundations Developmental House, LLC**  
**CLIENT FINANCIAL RESPONSIBILITY AGREEMENT**

Thank you for choosing Foundations Developmental House, LLC ("FDH") as your speech therapy provider. This Agreement sets forth your financial obligations for all of the services your child receives from FDH, including the services provided today and in the future. If you do not understand any of the items discussed in this Agreement, we will explain those items to you.

**Financial Responsibility**

**Fees:**

Evaluation Charge: \$950.00  
Consultation Charge: \$130.00  
Single Treatment Session: \$130.00

FDH will submit claims for the **evaluation procedure** to your insurance company. A separate appointment to sit down with our Speech-Language Pathologist is encouraged to provide evaluation feedback and interpretation. Often times, insurance **does not** reimburse for consultation time; only direct time spent with the child for the evaluation. Consultation time is likely not a covered benefit under most insurance plans. The cost of the consultation feedback session is \$130. We will submit this to your insurance, in the event that the consultation is not a covered benefit, you will be responsible for the fee associated with this professional time. This consultation highly recommended, but not mandatory.

\_\_\_\_\_ I understand my consultation appointment is likely *not* a covered benefit and **I am responsible for the consultation fee.** I would like to proceed with scheduling and receive this consultation.

\_\_\_\_\_ I understand my consultation is likely *not* a covered benefit. I choose not to have a feedback consultation regarding my child's evaluation.

Please let us know, either way, if you would like to move forward with this consultation appointment and we will schedule this appointment at your convenience, once the evaluation report has been completed. Consultations can be scheduled in office or via phone.

In the event that insurance does *not* cover therapy and your child requires therapy for two or more hours per week (within one discipline), the cost per session will be reduced to \$75.00 to defray the expense of therapy, allowing you to provide your child with the recommended treatment.

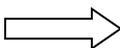
**You acknowledge and agree that you are personally responsible to FDH for the full payment of all services your child receives from FDH. All co-payments and/or deductibles for FDH's services are due at the time of service.**

FDH will submit a claim to your primary insurance for all services it provides to your child. However, if FDH does not receive payment within 90 days of submission *or* your insurance notifies FDH that the services provided are not covered under your insurance plan (e.g., the services were not included in your benefits, were not pre-authorized or were not medically necessary), **you agree to pay FDH the outstanding balance for the services.** FDH will bill you for the amount due. **Any balance on your account that is more than 30 days old will accrue interest at 1% per month, 12% per annum.** If FDH eventually receives payment from your primary insurance, FDH will refund the difference to you.

**Collection Proceedings**

If your account becomes delinquent, you agree to pay FDH for any expenses FDH incurs to collect on your account, including reasonable attorneys' fees and collection costs.

I fully understand that if my account becomes delinquent, and I don't settle my outstanding bill, Foundations Developmental House, LLC **will turn the amount due over to a collection agency.**

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**Assignment of Benefits**

You hereby authorize and direct any insurance proceeds payable for services provided by FDH to your child to be paid directly to FDH, and hereby assign to FDH, without recourse, all interest in, and rights to claim, collect and receive the proceeds from any insurance company providing coverage for FDH's services. You hereby authorize any insurance company to furnish to FDH, and/or its agents, any and all information pertaining to your insurance benefits and the status of any and all claims submitted by FDH.

**Binding Nature**

You hereby agree that this Agreement is binding upon you and your estate, executors and/or administrators, if applicable.

**Questions**

You acknowledge and agree that you understand the terms of this Agreement and that FDH has answered, to your satisfaction, all of your questions regarding your obligations under this Agreement.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Personal Representative

\_\_\_\_\_  
Printed Name of Client (Child)