

Communication Is The Key 2109 E. 87th Street Chicago, IL 60617

Patient's Name _____ Date of Birth: _____

Parent/guardian if patient is a minor: _____

I (parent/guardian) agree to be available within the clinic facility in order to pick-up the patient at the completion of services. *Communication Is The Key* is not able to monitor our patients after the completion of their service. _____
(Responsible Party Initials).

PAYMENT TERMS:

Payment is due at time of service. *Communication Is The Key* kindly requests co-payment if applicable and or full payment for services the day provided. A credit card authorization on file may be used for payment of services. If payment of services is not received, the credit card will be used for payment. We accept cash, check or credit card payments (MasterCard, Visa, Discover and American Express).

PPO Insurance Coverage:

If *Communication Is The Key* is a PPO provider with your insurance company, the initial evaluation is billed direct for services. Co-payments and deductibles are due at the time of service. If treatment is recommended, a pre-authorization of benefits is conducted before treatments are provided. Patient is responsible for Co-payments and coinsurance at the time of service. If for any reason, coverage is denied, the responsible party is liable for payment to *Communication Is The Key*
_____ (Responsible Party Initials).

Out of Network Coverage:

For those patients who are seeking insurance coverage for services, and *Communication Is The Key* is an out-of-network provider, we will provide you with a monthly superbill with necessary codes for reimbursement per your policy. Courtesy billing may apply when preauthorization has been conducted _____ (Responsible Party Initials).

CANCELATION POLICY:

I agree to notify *Communication Is The Key* (773) 517-7669 at least 24 hours prior to scheduled appointment time, if I/my child is unable to be present as scheduled. I agree to pay \$50 for any appointment that I miss or fail to cancel 24 hours in advance. I understand that insurance cannot be billed for sessions that have not taken place. If an illness arises and a 24-hour notice is not able to occur, please contact *Communication Is The Key* as soon as possible. If possible a make-up appointment will be scheduled. We appreciate that you do not bring sick patients for services _____ (Responsible Party Initials).

I the undersigned have read, understand and agree to the terms of this policy for Communication Is The Key

Signature: _____

Date: _____

CREDIT CARD AUTHORIZATION: (Clients who would like to pay for services with a credit card, please complete information below.)

I authorize *Communication Is The Key* to charge my credit card for agreed service charges:

Type of credit card: Discover Visa MasterCard American Express

Name: _____

Billing information for card: **Address Number:** _____ **Zip Code:** _____

CC # _____ **Exp. Date:** _____

3 Digit Security #: _____ (usually located on the back of the card)

Signature: _____

Date: _____

All patient information and records are secured and handled under HIPPA guidelines.