Darcy Kazarian M.S. CCC-SLP
Speech Language Pathologist
Aloha@DarcyKazarianSLP.com | (808) 729-8328
DarcyKazarianSLP.com

Payment Policy & Fee Schedule

Thank you for choosing my private practice to serve you. I am committed to providing you with the highest quality care. Please know that the timely payment of your bill is an integral part of my service and as such, this payment policy is an agreement between you and Darcy Kazarian M.S. CCC-SLP for payment of services provided. By signing this policy, you are agreeing to pay for services provided to you or your family member. As a client of Darcy Kazarian M.S. CCC-SLP you are required to carefully review and sign our payment policy.

Fee Schedule

(Effective 01/01/2019)

Speech Language Evaluation	**$300 per evaluation**
Speech and Language Therapy	**$100 per hour**
Dysphagia Evaluation	**$300 per evaluation**
Dysphagia Therapy	**$100 per hour**

Please read the following information carefully:

All therapy fees are due:

☐ At the time of service
□ Monthly
☐ Within 5 days of bill

I accept the following payment methods at this time: cash, personal check, credit card**.**

(Checks should be made payable to: Darcy Kazarian) .

I will provide you with an invoice outlining the services rendered and the amount charged.

Name of Client: _____ Date of Birth: _____

Please read and check all boxes to acknowledge understanding and the sign below:

☐ I understand that I am responsible for all costs / fees. I understand that I will be billed accordingly and will be responsible for immediate payment.

☐ I understand that if fees are not paid in full, treatment sessions may be postponed or cancelled until payment is received.

☐ I understand that all returned checks will be subject to a $20 returned check fee. Charges incurred and not paid after 10 days may be turned over to a collection agency at the client's expense. Overdue accounts may also be reported to a Credit Bureau.

☐ I understand that I am responsible for all legal and collection fees, which Darcy Kazarian M.S. CCC-SLP may incur if payment is not made in accordance with the terms and conditions herein.

☐ I understand that refunds will be issued only in instances of overpayment. All refunds will be processed within 10 days after the overpayment is discovered on the client's bill or at the time the refund is requested. Refunds for payments made with a credit card will be credited back to the credit card used, all other refunds will be issued by a check.

☐ I, understand that all cancellations require _3_ hours notice and that there will be a _$25_charge for any cancellations made less than _3_ hours.

☐ I, _____, (client / guardian name) understand the payment policy and the risks of not adhering to it.

_____ _____

Print Name of Client Date of Birth

_____ _____ _____

Signature of Client, Guardian or Responsible Party Relationship to Client

_____ _____

Private Practitioner / Witness Date