



SPEECH THERAPY

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PATIENT REGISTRATION FORM

PATIENT INFORMATION Date:
Client Name:
Date of Birth:
Address:
Languages:
Diagnosis:
Allergies:
Parent/Legal Guardian Name:
Email Address:
Home Phone/Cell/Work Phone:

HIPAA ACKNOWLEDGEMENT
By signing below you are acknowledging that you have received the HIPAA Notice of Privacy Practices.
PATIENT NAME (Printed):
Patient/Parent/Legal Guardian Signature: Date:

AUTHORIZED SIGNATURE
I understand that I am financially responsible for all charges whether or not paid by insurance.
Signature: Date:

Reports

At your request, Jabberdogs will provide written reports for schools, doctor visits, insurance, etc.

At this time, Jabberdogs accepts:

- Anthem Blue Cross
- Blue Shield of California
- Kaiser Permanente

For clients with other insurance plans, Jabberdogs will offer assistance by providing reports, therapy insurance codes, etc.

Whenever possible, please provide a 2 week notice for detailed reports to be drafted on your (child's) behalf. These reports are billed at \$200. Payment is due upon receipt of each report.

Jabberdogs appreciates your anticipated cooperation with these policies. If you have any questions, please bring them to our attention for further discussion.

Cancellations

We strongly feel that consistent therapy is crucial to your (child's) progress. At Jabberdogs, we value your time and commit to making the most of each session.

- If you must cancel your session for any reason, 24-hour notice is required. Late cancellations and "no-shows" will be charged a fee of up to \$50, at our discretion. We reserve the option to charge this fee upon subsequent missed sessions even if we do not charge it for a first occurrence.
- If the client is sick and cannot attend, please notify us by 8 am (no show fee will be charged after this time). If you have an early morning appointment and the client wakes up sick, please call to cancel at least 1 hour prior to the session.
- Please note that payments for missed sessions are expected at your next therapy visit.

If you are having difficulty attending regular sessions, please bring this to our attention so that we can work with you to find a more appropriate appointment time. Please be considerate of the time that has been dedicated to you.

I understand the above policies and agree to cooperate with them.

Signature

Date

Charges and Fees

Payment of all charges under client responsibility is expected upon completion of each treatment session. These charges may include:

- insurance co-pays / co-insurance,
- payments towards a deductible,
- direct “out-of-pocket” costs of therapy,
- charges for preparing written reports,
- no-show / late cancellation fees, and/or
- late payment fees.

Late fees of 10% per month may be added to payments that are more than 7 days late.

Jabberdogs currently accepts Anthem Blue Cross, Blue Shield of California, and Kaiser Permanente. For clients with other insurance plans, invoices will be provided for submission upon request.

Payment Options

Jabberdogs accepts all major credit cards. Please fill out the *Client Information Form* on our website (www.jabberdogs.com) prior to your first visit to indicate your preferred method of payment for out-of-pocket costs. We will charge your card automatically on a weekly or monthly basis, or send you separate invoices via Square, as selected on that form. If you are uncomfortable providing a credit card number, Jabberdogs also accepts payment by cash or check. If at any point a credit card transaction is unsuccessful, or if you do not make a payment for an extended period of time, we may not be able to commit to any additional service.

I understand the above policies and agree to cooperate with them.

Signature

Date