



## **BLACK OAK THERAPY**

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### **FINANCIAL AGREEMENT**

The following is a binding agreement between Black Oak Therapy and the individual who is receiving medical services, or the responsible party. Responsible party is the individual who is financially responsible for payment of bills. All charges for services rendered are due and payable at the time of service.

Payment is payable at the time of service, via cash, credit and debit cards. Checks should be made payable to Black Oak Therapy. Black Oak Therapy does not bill insurance directly. If appropriate, we can provide a superbill at the end of each month with applicable medical codes, service dates, and fees paid for patients or responsible parties seeking reimbursement. Bills that remain unpaid after 14 days of the statement date will be subject to an additional 10% charge on the unpaid balance. A \$25 fee will be charged for each returned check. Additional fees are not able to be submitted for reimbursement by your insurance company. Black Oak Therapy will notify patients and responsible parties at least 60 days in advance prior to rate increases.

Please review the attached Fee Schedule and Office Policy documents regarding patient therapy and evaluation rates, attendance, cancellations, and additional fees.

By signing below, you agree to accept full financial responsibility as an individual who is receiving services, or as the responsible party. Your signature verifies that you have read the above payment policy, that you have read the attached office policy, that you understand your responsibilities, and agree to these terms.

Patient's Name (Please Print) \_\_\_\_\_

Responsible Party Name (Please Print) \_\_\_\_\_

Responsible Party Signature \_\_\_\_\_

Date: \_\_\_\_\_