



ALLISON THERAPEUTICS, LLC

NOTICE TO PATIENTS

This is to notify you that your insurance company may not pay for outpatient speech-language pathology services. Please refer to your health insurance benefit booklet for specific information about covered services.

In the case that your insurance coverage lapses or denies payment, you will be responsible for payment of charges when services are rendered. We are happy to answer any questions that may arise.

In the case a treatment session must be canceled, it is customary that no fee will occur when 24-hour notice is provided. If this is not achieved, fees will incur.

- \$20 will be due if the patient calls the therapist and reschedules the session for a time before his/her next scheduled appointment.
- \$40 will be due if the patient does not reschedule the appointment.
- Full payment for the scheduled time will be due if the patient does not call to notify the therapist.

Thank you.

I have been notified and accept fee responsibility for unattended sessions and non-covered services at Allison Therapeutics, LLC.

Patient's name

Patient/Caregiver Signature

Date

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