

Bliss Speech and Hearing Services, Inc.
12700 Hillcrest Road, Suite 207 · Dallas, TX 75230-2068
Phone: (972) 387-2824 · FAX: (972) 387-9097 · www.blisspeech.com

FINANCIAL RESPONSIBILITY

A) When you contact our office to schedule an evaluation, we will request your insurance information so that we may contact your insurance company in order to determine the insurance benefits to which you might be entitled. Once benefits are determined, we will advise you of the benefits outlined which may be subject to certain terms as contained in the agreement between you and your insurance company.

B) After we complete the initial evaluation, we will send the test results, a treatment plan and all medical information that may be pertinent to your case to your insurance company. It typically takes four to six weeks for the insurance company to review the information and make a determination as to whether the therapy services are approved for coverage by your insurance company.

C) During the time period between your initial evaluation and obtaining a determination of benefits from your insurance company, you may choose to either:

Begin therapy sessions, paying privately for each session before each visit. Should coverage be approved and paid by your insurance company, we will promptly reimburse you for those funds you paid to us, less co-pays, co-insurance and/or your deductible (whichever is applicable).

OR

Forgo treatment until the determination is received.

Please be advised that the financial responsibility for medical services rests between you and your insurance company. While we are willing to file directly to your medical insurance for you, please be advised that we are not responsible for any limitations in coverage that may be included in your plan. If your health plan denies a claim for any reason, our office cannot be responsible for the bill. It is your responsibility as a patient to know exclusions and regulations of your plan.

Our primary mission is to provide you with quality, cost effective care. Together, we are trying to adapt to the changing way healthcare is financed and delivered. We value you as a patient and our first priority is to provide you with the best possible care. Please feel free to let us know if you have additional questions.

Sincerely,

Brenda Bliss, M.S., CCC-SLP/A, LSLIS Cert. AVT
Licensed Speech-Language Pathologist/Audiologist
LSLS Certified Auditory-Verbal Therapist

I have read and understand my obligations and acknowledge that I am fully responsible for payment of services not covered by my insurance carrier.

Parent/Guardian

Patient Printed Name