



Consent & Release of Information

This form provides consent for ASTS to provide services to your child and communicate with other therapists or school/teachers (if applicable) to work as a team.

Please note that verification of benefits is not a guarantee of payment. Clients are responsible to pay for services rendered:

Acknowledged and Agreed

Child Name

DOB

____ / ____ / ____

Second Child Name

Second Child DOB

____ / ____ / ____

Parent/Guardian Name

Parent/Guardian #2 Name

I have read the Welcome Letter

Yes No

I understand that Advantage Speech Therapy Services will BILL MY INSURANCE COMPANY but that any unpaid balances are my responsibility whether denied, partially paid, or not covered by my insurance company. I also understand that all balances owed are to be paid within two weeks of receipt of invoice. There is a minimum of a \$30 charge for any returned checks.

Yes No

I understand that I may be INVOICED FOR A CO-PAY, TRAVEL OR AS A PRIVATE PAY CLIENT for services in full. I understand that all payments must be paid within 2 weeks of receipt of invoice.

Yes No

I give consent to have Advantage Speech Therapy PROVIDE SPEECH THERAPY SERVICES to my child.

Yes No

I give consent for my child's PICTURE/VIDEO to be taken (no names) to be used for social medial and marketing materials.

Yes No

I agree to allow Advantage Speech Services to OBTAIN, RELEASE, DISCUSS AND/OR EXCHANGE PERTINENT INFORMATION about my child with other therapists and/or medical professionals in order to best treat my child.

Yes No

I have read and understand the Consent & Release terms. I understand that missed sessions will be invoiced from the credit card on file, delinquent accounts will be charged to credit card on file, and credit card fees will apply to any invoices.

Yes No

I understand that unpaid invoices will be charged to the credit card on file with processing fees added.

Yes No

Signature Parent/Guardian #1:

Signature Parent/Guardian #2:

Date Signed #1:

Date Signed #2:

____ / ____ / ____

____ / ____ / ____

ASTS Consent and Release of Information Form v2019a Revised August 1, 2019

Advantage Speech Therapy Services, Inc. reserves the right to make changes to the above policies and procedures at any time. If you have any questions on your billing statement or invoice please call Robyn Drothler (owner, SLP) @ 404-784-1252.