



85 Revere Drive, Suite H  
Northbrook, IL 60062  
(847) 924-8810

## Financial Responsibility

### Payment Policies

I assume full and primary responsibility and liability for payment of professional fees due to Karla Wilkins, MA, CCC-SLP. I am solely responsible for claims upon or reimbursement from my health insurance carrier or, if applicable, private out-of-pocket fees. Failure of my insurance carrier to reimburse for services performed by Karla Wilkins, MA, CCC-SLP shall in no way effect my liability for payment.

If Karla Wilkins, MA, CCC-SLP submits insurance claims on my behalf, I agree to provide a valid check or Zelle transfer within 15 days of statement if I owe a co-pay, deductible, or balance. Karla Wilkins, MA, CCC-SLP reserves the right to withhold release of the written report until all fees are paid.

Late Payment: I agree to provide a valid VISA or MasterCard number, security code, expiration date, and billing address. I agree that card may be charged for any services that remain unpaid 30 days after being invoiced. Karla Wilkins, MA, CCC-SLP will provide me with a receipt and explanation of charges.

Name of Client: \_\_\_\_\_ Preferred Payment:    Check            Zelle

Name of Financially Responsible Party: \_\_\_\_\_

Email (Matching Zelle Account If Applicable): \_\_\_\_\_

Phone Number (Matching Zelle Account If Applicable): \_\_\_\_\_

Circle type of credit card: VISA | MasterCard    Card Number: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_    Expiration Date: \_\_\_\_\_    Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature of Financially Responsible Party and/or cardholder: \_\_\_\_\_

### Assignment of Benefits

I authorize Karla Wilkins, MA, CCC-SLP and assign her all of my rights and claims for reimbursement of expenses allowable under any and all health insurance plans under which there is entitlement to reimbursement. I understand that I am financially responsible for charges remaining after payment (if any) under this assignment. I agree to pay all costs of collection on any outstanding balance.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date