



COPAY PROMISSORY AGREEMENT

Dear Patient:

Your insurance company requires a Copay to be paid when you seek certain medical services. In turn, we have a contractual obligation to collect Copay from our patients when it is due. We prefer to have the co-payment at the time of visit. Speech Matters accepts Pay Pal, checks, and cash.

If a patient desires to be seen and is unable to pay their Copay or would rather pay on a monthly basis, we are requiring those patients to sign a "Copay Promissory Agreement" and pay the required Copay to our office within five (5) business days of receiving an invoice.

I, _____, understand that my insurance company requires Copay be paid for healthcare services provided to me, or my dependent. On this date, I desire to receive services without paying the required Copay at the time of service.

I promise and attest that I will pay the required Copay of \$ _____ (as noted on my insurance card and/or by my insurance company) to Speech Matters SLP within five (5) business days of receiving an invoice.

Failure to make payment in five (5) business days of receiving an invoice will result in an additional \$30.00 administrative fee to be added to the original Copay due.

I, also, understand that failure to make the required payment may result in collection proceedings, health insurance notification, and possible credit degradation.

Print Name: _____

Signature _____ Date _____