

Austin Area Speech-Language and Learning Services

1705 Capital of Texas Highway
Suite 150
Austin, Texas 78746

tel. 512-327-2083
fax 512-327-0808

Insurance Coverage Advanced Notice Service Waiver

Provider's Notice

Some health insurance plans will only pay for services that they determine to be "reasonable and necessary." If an insurance plan determines that a particular service, although it would otherwise be covered, is "not reasonable and necessary," the insurance plan may deny payment for that service. Please know that we will make all efforts to collect the amounts due from the insurance provider, including following any appeals process that the provider has in place for collection of these claims.

Policyholder Patient Agreement

I, _____, have been informed on this date _____ by my speech therapy provider (and/or staff) that, as with any claims submitted by a healthcare provider, that my health plan may deny payment for the services I am pursuing here at Austin Area Speech & Language. I understand that if the health plan denies payment, I agree to be personally and fully responsible for payment of the service(s) rendered. I also understand that if my insurance company later sends a request for a refund, I will pay my balance in full.

Policyholder/Patient Signature

Staff Signature