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At Home Speech & Language Services Inc. Customer Payment Policy

As a parent/caregiver and paying customer to At Home Speech & Language Services Inc., I understand that payment is due at the time of service. Acceptable payment methods include cash, check, e-transfer, and credit card. Receipts will be issued to customers promptly in order to be submitted to insurance companies.

I understand that I am responsible for tracking my child's insurance coverage per year and submitting my own claims. In the case of my own (and/or spouse's) direct participation in sessions with my child, I understand that I must have approval from my insurance provider in order to use my own (and/or spouse's) coverage in addition to my child's coverage.

Payments not received within 30 days of services provided will result in an additional charge of 4% per month, and in addition, the customer is responsible for the costs of collection including reasonable attorney's fees incurred in the collection process.

At Home Speech & Language Services Inc. Customer/Client:

_____ Date: _____
Name (Print)

Client's Signature

Witness and Speech-Language Pathologist with At Home Speech & Language Services Inc.:

_____ Date: _____
Speech-Language Pathologist