

Travis Dockter MS, CCC – SLP

Phone: (971) 282-3575
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Practice Policies

Financial Policies:

- Please make all payments or co-payments, at the time of service, payable to:
Travis M. Dockter, MS. CCC – SLP
- I accept cash, checks, money orders, Visa, and MasterCard.
- A fee of \$35 will be assessed for checks returned by your financial institution.
- Balances not paid in full in 30 days will be assessed a billing fee of \$5 per month.
- Balances not paid in full in 60 days may result in suspension of services until balances are paid in full.
- Any reports and other promised documentation will not be provided until payment has been received in full.

PLEASE NOTE: Insurance benefits are a quote and not a guarantee of payment. Benefits, if any, will be assessed by your insurance plan. Upon receipt, claims are subject to eligibility and based on plan provisions and limitations in effect at the time of services rendered. Any and all charges/balances that are not covered by your insurance company are your responsibility to pay. Insurance companies DO NOT reimburse for the following: missed appointments, progress reports, consultations, parent conferences, IEP meetings, travel, and phone calls. These services are billed at the cash rate directly to the parent or guardian of the child receiving treatment.

Missed Appointment and Cancellation Policies:

Missed appointments and last-minute cancellations mean that another child who was in need of my services could not be seen because time was reserved for your child. Please be conscious and considerate of this and reschedule appointments as necessary by contacting me directly at: (971) 282-3575

Cancellations must be made at least 24 hours prior to appointment time. Your account will be charged \$50 for missed appointments and/or last-minute cancellations. This is a fee that cannot be billed to your insurance and is the responsibility of the parent or guardian. Exceptions will be made when weather makes it unsafe to travel.

Acceptance of the Above-Stated Terms:

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date of Signature