







18. Have you ever been exposed to loud noises for any extended length of time? Yes No

If yes





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# WSU SPEECH LANGUAGE HEARING CLINIC FINANCIAL POLICY

## PART 1: PATIENT INFORMATION

Fill out this form completely. Please print legibly.

Last Name:	First Name:	Middle Initial:

## PART 2: WSU SPEECH LANGUAGE HEARING CLINIC FINANCIAL POLICIES

1. The cost of services provided by WSU Speech Language Hearing Clinic is your responsibility whether you are covered by health insurance or not. Payment is expected at the time of service unless arrangements have been made prior to treatment. WSU Speech Language Hearing Clinic accepts cash, checks and credit cards. Please note: checks must be imprinted with the bank name and the account holder's name.
2. WSU Speech Language Hearing Clinic will process claims for any In Network Private Health Insurance Plans.
3. By giving WSU Speech Language Hearing Clinic insurance information, you are authorizing WSU Speech Language Hearing Clinic to file a claim with (send a bill to) your insurance company for services rendered.
4. If you do not want WSU Speech Language Hearing Clinic to file a claim with your insurance company, you must provide written notification to the clinic at the time of service.



By signing below, I am agreeing that I

1. Have read and understand the SHS Financial Policies as set forth above, and which may be amended from time to time;
2. Am financially responsible to pay for all services that I receive, whether covered by insurance or not;
3. Authorize WSU Speech Language Hearing Clinic to submit a claim to my insurance carrier.