



ADDENDUM TO PATIENT FINANCIAL RESPONSIBILITY (BLUE SHIELD)

To Erin Badour-Kayem M.S., CCC-SLP, BCN:

I acknowledge the possibility that a check, and/or checks may be sent directly to me (patient) instead of to you, my provider. I understand this money is not mine even though the check may be written to me. I understand you are billing my insurance company as a courtesy to me but the money paid by the insurance company belongs entirely to you, my provider. I therefore, agree to immediately, but certainly no later than 48 hours upon receipt of any such moneys, forward this money directly to you. I will make no attempt to negotiate what portion I send to you. In any event, I acknowledge and agree that any changes for services rendered to me are my responsibility and I will pay all fees including any co-pays or deductibles, if applicable.

NOTE: Please read the above agreements carefully and make sure that you understand all terms and conditions before signing below. If you do not understand, please review contents with staff prior to signing.

Agreed to and accepted by:

_____ Patient Signature	_____ Patient Printed Name	_____ Date
_____ Witness Signature	_____ Witness Printed Name	_____ Date