

**CLIENT NAME:** \_\_\_\_\_  
**BILLING-PAYMENT POLICY & PROCEDURES**

Thank you for choosing Peninsula Associates for your speech, language and learning services. We have worked hard throughout our 30-year history to maintain a reputation for the very best quality services and for sound and fair business practices.

PA is a private-pay, fee-for-service practice. As a PA client, you must keep your account current each month, i.e., paid in full within 30 days and before the next monthly billing cycle. This is required whether or not personal reimbursement is being requested from an insurance provider.

All clients are required to provide debit or credit card information (enclosed sheet) either as primary payment (auto-pay) or as a "default" option. This information is kept in secure, confidential files.

You may use auto-pay to pay by debit card or credit card when PA invoices are generated each month, and we will send you a PAID invoice statement via e-mail. You may choose to pay by personal check or cash within 30 days. If payment is not received by the next billing cycle, your debit or credit card is charged for the prior month's fees. Should this occur twice or more within a 6-month period, our bookkeeper will notify you that your account has been transferred to auto-pay status.

Please elect one of the following payment options. Check and initial your choice; then sign, date and return this form. Remember to also complete and return the enclosed, required debit or credit card information sheet. We must have this information on file to provide services. Thank you!

**Option I:**    **Debit card auto-pay monthly**    \_\_\_\_\_    **Initials:** \_\_\_\_\_  
I authorize Peninsula Associates to automatically pay my monthly invoice using my debit card information provided on the attached sheet. I agree to provide updated debit card information as required for ongoing payments.

**Option II:**    **Credit card auto-pay monthly**    \_\_\_\_\_    **Initials:** \_\_\_\_\_  
I authorize Peninsula Associates to automatically pay my monthly invoice using my credit card information provided on the attached sheet. I agree to provide updated credit card information as required for ongoing payments.

**Option III:**    **Personal payment by check or cash**    \_\_\_\_\_    **Initials:** \_\_\_\_\_  
I agree to submit personal payment by check or cash within 30 days of the current month's invoice. If PA has not **received** my payment within 30 days, i.e., by the next billing cycle, I authorize PA to auto-pay my invoice with debit or credit card information I have provided. I agree that should this auto-pay option be used twice or more within a 6-month period, my account will be changed to auto-pay status.

**Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_    **Relationship to client:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_