Consent for Therapy

Peak Speech Therapy
19855 E Eastman Ave
Aurora CO 80013

Consent to Speech Therapy Services:
I hereby consent and authorize Peak Speech Therapy to render health care services including evaluations, diagnosing, and providing speech treatment.

Financial Agreement:
The undersigned is obligated to pay Peak Speech Therapy for all services rendered in accordance with regular rates, and if the account is referred to an attorney or agency for collection, to pay reasonable attorney's fees, collection expenses, court costs, and other necessary and appropriate expenses incurred in collecting for services.

It is understood that the obligation to pay Peak Speech Therapy may not be deferred for any reason. I consent to the release of information required for billing and collecting from third party payers.

My signature represents my acknowledgement of reading and understanding the statements. I have carefully read and understand this consent and financial agreement and accept the terms as signed.

_____
Patient's Name

_____
Signature of Person Authorized to Consent

_____
Relationship to client

_____
Date