SPEECH LANGUAGE AND BEYOND, LLC

"Taking speech and language skills over and beyond"

Consent for Evaluation and Treatment & Assignment of Benefits

I give consent to have my child _____evaluated by **Speech Language and Beyond, LLC.** If it is determined that services are needed; I understand that my child's pediatrician will be notified and the complete report will be forwarded for review. If I am entitled to benefits under the traditional Medicaid/Peach Care programs, Peach State Health Plan, Wellcare, Amerigroup, and Blue Cross and Blue Shield of GA, or United Healthcare/Optum Healthcare plans for services provided to me by **Speech Language and Beyond, LLC.,** I assign, transfer, and convey the benefits payable for services rendered. I authorize payment of benefits directly to **Speech Language and Beyond, LLC** to be applied to my bill.

_____ _____

Parent/Guardian Signature Date

_____ _____

Insurance Type: Insurance ID Number:

_____ _____

Group Number (if applicable) Primary Care Physician

CONSENT TO RELEASE INFORMATION

I authorize the release of information to ***Speech Language and Beyond, LLC***. I also authorize ***Speech Language and Beyond, LLC*** to release information to my referring physician and to my insurance company or Medicaid Program for the purposes of continued care to treatment and to any other person financially responsible to my treatment for all purposes related to a claim for payment and/or approval for services.

Parent's Signature: _____ Date_____

Video/Photography Release Form

I hereby authorize Speech Language and Beyond, LLC to use pictures or videos of my child(ren) for reports sent to insurance companies, referring physicians, and other families for continued care as well as advertising purposes. I understand that I will be notified before pictures or videos of my child(ren) are used.

_____ _____

Parent's Signature Date

ACKNOWLEDGMENT OF PRIVACY PRACTICES

Please acknowledge that the Privacy Practices of Speech Language and Beyond, LLC has been received in this packet by signing below.

Signature: _____ Date: _____

Speech Language and Beyond, LLC
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