



PAYMENT INFORMATION

CREDIT CARD AUTHORIZATION:

Please complete the following to authorize therapy charges to your credit card.

NAME ON CARD: _____

MAILING ADDRESS: _____

CARD NUMBER: _____

TYPE OF CARD: _____

(NOTE: We accept MasterCard, Visa, Discover, NOT Amex)

EXPIRATION DATE: _____

SIGNATURE: _____

DATE: _____

TELEPHONE #: _____

COMMENTS:

TRICARE AUTHORIZATION: *For patients with Tricare insurance only.*

Please fill out the following information so we can bill Tricare for services.

SPONSOR SSN: _____

CHILD'S BIRTHDATE: _____

NOTE: We require a paper copy of your Tricare authorization, made out to Speech Pathology of Hawaii, in hand before services can be rendered. This can either be faxed to 1-888-331-0723, or emailed to admin@speechsolutionshawaii.com. We reserve the right to cancel any evaluation or therapy session if prior authorization is not secured. For patients with Tricare Standard, please talk to our billing department prior to your evaluation to confirm self-referral status. Any services not paid are the responsibility of the parent / patient. If the evaluation is denied by Tricare, you will need to follow up with Tricare directly to request payment.