

THE KIDS' COMMUNICATION CENTER, LLC
4906 Wisconsin Ave., NW
Washington DC 20016
dlglaser@msn.com

TERMS OF PAYMENT AGREEMENT

I, _____ acknowledge and accept full and complete responsibility for prompt payment of all services rendered to _____ by The Kids' Communication Center, LLC. I acknowledge that prompt payment is upon receipt of invoice. I acknowledge that I have received written explanation of the fee schedule and the cancellation policy and that I agree to both.

I understand that health insurance policies and reimbursement are between myself and the health insurance company, that all services rendered to my child are charged directly to me, and that I am personally responsible for payment to The Kids' Communication Center, LLC. I understand that agreements regarding fee schedules and charges for canceled appointments are between myself and The Kids' Communication Center, LLC, and are not related to potential health insurance coverage.

(signature of parent/guardian)

(date)