

SpeechKids, LLC  
Pediatric Speech Language Pathologists  
(202) 306-0505

Licensed in Maryland, Virginia & DC

Evaluation, Treatment & Consultation

---

Child's Name \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Contact Telephone number: \_\_\_\_\_

Contact Email address: \_\_\_\_\_

Credit Card Name:    Visa    MC    Discover    AmEx    Other: \_\_\_\_\_

Number: \_\_\_\_\_

3 digit security code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

I authorize SpeechKids, LLC to charge my credit card for speech and language services provided to my child/ren. I understand that I will be billed on the 5<sup>th</sup> day of the month following the month in which services were received.

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

Printed Name: \_\_\_\_\_