



Thank you for choosing us to provide your speech and language services. Please take a moment to read over the following policies, and sign this agreement once you have done so.

**Professional Records & Confidentiality**

Both law and the standards of our profession require that we keep treatment records. You have the right to view and/ or receive a copy of your records. Records will not be disclosed to third parties unless we receive written consent from you or the law authorizes or compels us to do so. This office is compliant with federal HIPAA rules for the privacy of personal health information. This means that we will disclose the minimum necessary information to required entities for payment or other administrative services. In addition to individual treatment session notes, you will also receive a progress report every 12 months documenting progress on goals, evaluation data, and any other relevant information. More frequent reports can be provided upon request for an additional consultation charge.

**Attendance and Cancellation**

Once we set a regular appointment time, that time slot is reserved for you. Because of this, we ask for 24-hour notice for any cancellations. If you fail to provide 24-hour notice, you will be billed the regular fee for the missed session. Insurance cannot be billed for missed sessions, so the full amount will become patient responsibility. In addition, progress in therapy is dependent upon consistent attendance. If your schedule is such that you cannot attend at least 80% of scheduled appointments, you may be discharged from therapy.

**Billing & Fees**

Individual therapy session	\$130/session (50 minutes) or \$110 if paid at time of service
Group therapy session	\$85/session (50 minutes) or \$65 if paid at time of service
Comprehensive evaluation	\$400-950 depending upon the type and length of evaluation.
Consultation/Travel	\$110/hour
Handwriting W/O Tears ®	\$25
Read Live ®	\$25 (per school year)
Cogmed ® or Fast ForWord ®	\$1100
NSF/returned check fee	\$25/check

Evaluation fees vary from \$400-950, depending upon the type and length of evaluation. You can receive a written estimate of charges in advance, as well as our best information regarding what your insurance is likely to cover. Evaluations include testing (typically 1-4 hours), feedback, and written report.

If services are covered by your health insurance plan, we are happy to submit claims on your behalf. Please note that co-payments are due at time of service. It is your responsibility to determine the extent of coverage under your benefits, any requirements for pre-authorization for services, and any co-payments that are required. In the event that your insurance does not pay the amount you expect, or there is a delay in payment of greater than two months, you will be responsible for the outstanding payment. Any amounts remaining after insurance payment will be billed monthly on the 1<sup>st</sup> of the month and are due by the 30<sup>th</sup> of the month. In the event that there is an outstanding balance on your account that has not been paid within 30 calendar days, and you have not contacted us to make payment arrangements, a monthly finance charge equal to 2% of the outstanding balance will be added to your bill. In the event that your account is sent to collections, an amount equal to \$250 or 1/3 of the outstanding balance (whichever is greater) will be added to your bill.

\_\_\_\_\_ I have read the policies above, and I agree to abide by the requirements as stated.

\_\_\_\_\_ I have been offered a copy of this office’s HIPAA privacy practices.

\_\_\_\_\_ I have disclosed all health insurance coverage, including primary and secondary insurances. I understand that this office does not accept Medicaid clients.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

Circle one:            self            parent/guardian