



Speech and Language Services, Inc.

FEE AGREEMENT AND CONSENT TO TREAT

FEES

Speech-Language Evaluation	\$250.00 / 60 Min.		
Articulation/Oral-Motor Evaluation	\$150.00 / 60 Min.	School Meeting / Visit	\$30.00/30 Min
Indiv. Speech-Language Therapy	\$62.00 / 30 Min.*	Phone Consultation	NC
Group Speech-Language Therapy	\$62.00/ 30 Min		

* Treatment rates are prorated based on duration of the session.

CANCELLATION POLICY

Consistency in treatment is essential for progress. If you need to cancel an appointment, 12 hours notice is preferred. If canceling less than one hour prior to appointment time, or patient is not present at appointment time, the parent/guardian will be assessed a \$25.00 "no show" charge.

PAYMENT POLICY

A) SELF-PAY: There is a rate of \$62.00/30 minute therapy session for self-pay clients. You will receive an itemized bill at the end of each month, and **payment is due in full within 15 days**. If payment is not received by the due date, a \$20.00 late fee will be assessed and the balance due will be charged to the credit card on file.

Initial _____

Preferred email to receive monthly invoice: _____

B) INSURANCE: Applying for authorization and reimbursement from insurance companies is the shared responsibility of the parent/guardian and Small Talk Speech & Language Services, Inc. **Co-payments are due within 15 days of the services**, and Small Talk will submit the appropriate claim forms to your insurance company. If the aforementioned claims are denied or only partially paid by insurance, the patient's parent/guardian is responsible for the outstanding balance. Please note that "no show" charges will be the sole responsibility of the parent/guardian.

Initial _____

C) MEDICAL/FLEXIBLE SPENDING ACCOUNTS: Reimbursement from this source is the responsibility of the patient's parent/guardian, and will be billed as "Self Pay" by Small Talk.

Initial _____

D) SCHOOL ROOM RENT: If the patient is treated at a school, and the school charges for our usage of space, Small Talk will bill the parent/guardian for said "rental fees."

Initial _____

Primary Funding Source: _____

Secondary Funding Source: _____

Initial evaluation report, quarterly progress reports, and receipt of payment will be provided by the clinician. Individual treatment session notes are available upon request. The undersigned agrees to above-mentioned fee structure and treatment agreement. This document authorizes Small Talk Speech & Language Services Inc. to provide speech/language/oral motor/feeding evaluation and treatment for _____.

Parent/Guardian Signature

Date