



## Rules Regarding Your Child's Therapies

1. Your child must undergo an initial speech-language evaluation performed by **SPEECH PERFECT, LLC.** if an evaluation does not exist conducted within the past 6 months – 1 year prior to receiving therapy. Re-evaluations are required annually to determine your child's progress. Evaluations and re-evaluations will include a written report to be given to parent(s), teacher(s), and/or physician(s).
2. Frequency and duration of your child's therapy will be agreed upon by therapist and parent(s) according to results of evaluation and parents' personal considerations.
3. Parent conferences and/or parent-teacher conferences will be treated as a therapy session and will be billed as such.
4. A statement indicating the balance for the month's therapy will be mailed, e-mailed or sent home to parent (according to parent(s)'s preference) by the 1<sup>st</sup> of the next month. Payment must be submitted on or before the 15<sup>th</sup> of that month to Denise Elizondo in the form of a check payable to **Speech Perfect, LLC.** or cash. Please make timely payments to your account to ensure continuation of services for your child. In the event that an account becomes past due your child's speech-language services will cease until payment is received. A late fee of \$20.00 will be enforced for payments received on the 16<sup>th</sup>. Returned check fee: \$35.00
5. Therapy sessions will be scheduled at the same time every week unless otherwise agreed upon by therapist and parent(s). If the child will not be attending therapy on a particular day, the therapist must be notified by 8:00am on the morning of therapy, otherwise a no-show fee of 50% of the fee of the missed session will be billed. Following 3 no-shows, therapy will be discontinued.
6. Habitual cancellation/no-show is cause for discharge from **SPEECH PERFECT, LLC.** The decision to discharge is at the sole-discretion of therapist, and the child's therapy slot will be given to the next child on the therapy waiting list.
7. If speech-language services provided by **Speech Perfect, LLC** are considered out-of-network by your insurance company we will provide you all the information requested from the insurance company. This will include diagnosis codes and

treatment plans. We are not responsible for any charges your insurance company considers to be excess of reasonable or customary fees as well those considered medically unnecessary.

8. The fees for services include:

- \$300.00 for initial evaluation
- \$155.00 for a re-evaluation
- \$100.00 for an hour of one-on-one therapy
- \$80.00 for 45 minutes of one-on-one therapy
- \$55.00 for a half hour of one-on-one therapy
- \$70.00 for each child for 45 minutes in a group of two
- \$45.00 for each child for a half hour in a group of two
- Fee for groups greater than two will be determined according to number of participants and duration of session
- Fee for therapist travel may apply depending on location of client. Group sessions will be offered only if two children with similar needs are available.

I have read and understand the above-listed policies, and I agree to the terms stated.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

OFFICE USE ONLY	
ID	
DATE	
OTHER	