



Communication Matters, LLC

Speech and Language Therapy

Across a Lifespan

Pricing, Policies, and Procedures

Therapy Payment Policy:

Please initial next to ONE of the following options:

_____ I would like to pay for therapy one session at a time. I understand that this payment will be **due at the beginning of each scheduled therapy session**. I understand that the fee for each 30-minute therapy session is \$60.

_____ I would like to pay for therapy in monthly increments. I understand that this payment is **due at the beginning of the first scheduled therapy session of each month**. I understand that the fee is **\$240** a month for one 30-minute session each week (up to 4 sessions per month).

Assessment Payment Policy:

Each assessment will be billed based on the amount of time it takes to complete. Assessment will be billed at the rate of **\$60 per half hour up to \$240** (2 hour maximum). The payment for each assessment is **due at the end of the assessment session**.

We also offer a report for the assessment results. Please initial next to ONE of the following options:

_____ I would like to be given an oral report of the assessment results. I understand that this oral report will not cost an additional fee.

_____ I would like to be given a written report of the assessment results. I understand that this written report will cost an additional **\$100**. I also understand that if I am trying to seek reimbursement from my insurance company it is necessary to have a written assessment report to submit.

Additional Payment Information:

If there is a session without upfront payment, the therapy session will be conducted for that session only with the understanding that payment must be collected by the next session. If payment is not available at the following session, the therapy session will not be conducted; however, both sessions will be billed. No further sessions will be conducted until payment is collected for all past dues.

Communication Matters, LLC
Phone: 904-342-5984 Fax: 904-295-0126
Email: communication.matters.fl@gmail.com
www.communicationmattersfl.com
www.facebook.com/CommunicationMattersFL

If an assessment session is ended and payment is unavailable, future therapy sessions will be placed on hold until the payment for the assessment is received.

Communication Matters, LLC is not a participating provider for any insurance company and therefore the submission of invoices/claims is the responsibility of the client. The necessary superbill will be provided so that the claim may be submitted to the insurance company in order to obtain reimbursement. **However, please understand that the client is fully responsible to pay for services upfront whether or not your insurance provider will reimburse.**

Attendance and Cancellation Policies:

When possible, please provide at least 24 hours notice if an appointment will need to be cancelled. The cancellation may be provided either via e-mail (communication.matters.fl@gmail.com) or phone (904-342-5984). **All appointments cancelled after these cutoffs will be charge the full therapy fee.**

If sessions are cancelled for scheduled appointments five times during the course of the treatment plan, therapy will be terminated. If the client cancels the session, a make-up session will be rescheduled if time permits, however, it is not mandatory. If a therapy session is cancelled by Communication Matters, LLC, the client will be offered multiple dates/times to reschedule a make-up session.

Other children:

Family member and caregivers are encouraged to participate in therapy sessions to aid in carryover of newly learned skills. This policy includes other children under the supervision of an adult (one adult per child) other than the speech-language pathologist. If the other children disturb the effectiveness of the therapy session, they may be asked to leave the therapy session at any time.

My signature below implies that I have read and I understand all the policies and procedures associated with Communication Matters, LLC and I understand that I am responsible for all payments associated with therapy and assessment services.

Client/Parent Signature

Date

Client name (please print)

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