



KateSaid Fitness, Pilates, & Speech Therapy LLC
kate-said-fitness.com
Owner, Kate Blalock, MS, CCC-SLP

Authorization and Consent to Treat

FEES/TERMS OF PAYMENT AGREEMENT:

- All fees are due at the beginning of service.
- I offer two payment options: 1) Pay at the beginning of each session, or 2) Pay monthly at the beginning of the first session for the projected number of sessions your child will receive during the month. If there is an illness or excused cancellation, I will carry-over the payment to the next month.
- Payments may be made with cash, credit card, FSA cards, check, or Zelle
- The therapy fee is based on the session duration, and this includes the time spent in direct therapy and consultation with family.
- The evaluation fee is per hour and is based on the total time spent on the evaluation process. Payment is due at the initial evaluation appointment. Discussion of findings can be done at the beginning of the first therapy session as part of that session.
- KateSaid Fitness, Pilates & Speech Therapy LLC may be covered as an “out of network” provider by your insurance company. I recommend that you contact your insurance company to determine if they allow for this, and if so, what percentage is covered for “out of network” therapy. KateSaid Fitness, Pilates & Speech Therapy LLC will provide you with an invoice and Super Bill with codes per session that you can submit to your insurance company for “out of network” coverage reimbursement. If your plan does not allow for “out of network” coverage, your visits will not be eligible for reimbursement.

Please initial the following:

- _____ I acknowledge and accept full and complete responsibility for prompt payment for all services rendered by KateSaid Fitness, Pilates & Speech Therapy LLC. I am responsible for filing claims with my insurance and payment for my services.
- _____ I understand that health insurance policies and reimbursement are between myself and my health insurance company, and that all services rendered by KateSaid Fitness, Pilates & Speech Therapy LLC for the benefit of my child are charged directly to me, and I am personally responsible for payment in full to KateSaid Fitness, Pilates & Speech Therapy LLC.

FEES:

Evaluation with comprehensive report:	\$175.00 per hour
Consultation with written report of recommendations:	\$140.00 per hour
Therapy at the clinic:	\$125.00 per hour
	\$100.00 per 45 minutes
	\$65.00 per 30 minutes
Group Therapy:	\$90.00 per 60 minutes
Therapy or Consult with travel:	\$135.00-\$155.00 per hour
(based on distance)	

CANCELLATION POLICY:

Regular attendance is essential for your child’s growth in therapy. Please refer to my cancellation policy below:

- Please try to call 24 hours in advance if you know you need to cancel (404-904-5751). If your child is sick, you will not be billed if you cancel the day of therapy. Illness cannot be predicted. In that case, please call at least two hours prior to the session to cancel. Anyone who is ill or has had a cold, fever or stomach illness within the past 36 hours should not come into the center. I will be happy to try to schedule a make-up session.
- If you are going to be late for the session, please call to let me know. If you are late or absent without a phone call for three consecutive sessions or five sessions in two months, service may be terminated.

Patient Consent and Authorization

- I hereby consent to and acknowledge receipt of KateSaid Fitness, Pilates & Speech Therapy LLC Notice of Patient Privacy Practices. I consent that my protected health information be used to provide and coordinate treatment, to obtain payment, and for business operations. I understand that KateSaid Fitness, Pilates & Speech Therapy LLC Notice of Patient Privacy Practices explains my rights to privacy regarding my protected health information and provides specific information and a complete description of how my health information may be used and disclosed.
- I authorize KateSaid Fitness, Pilates & Speech Therapy LLC to render appropriate therapy services to the below named patient. I understand that care will be provided by an appropriately trained health care professional. I recognize and agree that I have the right to refuse treatment or terminate services at any time by notifying the office in writing. In addition, KateSaid Fitness, Pilates & Speech Therapy LLC may terminate services by notifying me of termination.
- I consent and agree that KateSaid Fitness, Pilates & Speech Therapy LLC, Inc. and its staff may contact me, leave voice messages, send me text messages and/or send me emails to the phone number(s) and email address(es) I have provided them. I understand that these messages can include protected health information, such as patient name, appointment information, billing information, information that identifies the practice as a speech therapy practice, and any pertinent clinical information. I understand that text messages and emails are not secure forms of communication, and that by consenting to these communication types, I am waiving my rights to secure electronic communications. KateSaid Fitness, Pilates & Speech Therapy LLC may send me informative emails that contain newsletters, information about treatment alternatives or other health related benefits.

KateSaid Fitness, Pilates & Speech Therapy LLC reserves the right to terminate services if a client or the client's guardian does not comply with the terms set forth in this agreement.

I, the client or the client's parent/guardian, agree to the policies outlined above by KateSaid Fitness, Pilates & Speech Therapy LLC and Kate Blalock MS,CCC-SLP, Speech-Language Pathologist.

Signature: _____ DATE: _____

Printed Name: _____

Name of Child: _____