



2022 POLICIES & PROCEDURES

Let's Talk Speech Therapy is committed to providing your child with the highest quality speech and language therapeutic services. It is our goal to keep you informed with policies, procedures, goals and progress throughout your journey with our team of therapists. The following policies are designed to protect your child's privacy, maintain a safe environment, protect your child and therapist from infectious disease and keep the schedule flowing smoothly, which will ultimately lead to your child's success in therapy. We welcome any suggestions and look forward to improving the communication needs of your child.

Evaluation Services

An evaluation is necessary to begin Speech and Language treatment, and it may include articulation, language, pragmatics, vocabulary, fluency and/or pre-reading testing. This time is used to assess your child's strengths and weaknesses in order to develop an appropriate treatment plan. **An evaluation deposit of \$100 will be processed at the time of scheduling to secure your appointment. This deposit is non-refundable. The balance will be processed on the day of your scheduled appointment.**

If your child has had a Speech and Language Evaluation (not a screener) within the last 12 months we can bypass our evaluation and begin with diagnostic therapy. We require that you provide us a copy of the outside evaluation report, as we cannot ethically treat a client without an evaluation report on file.

EVALUATION RATES	
Early Intervention Evaluation (15 months – 30 months)	\$400
Language Evaluation	\$250
Articulation Evaluation	\$250
Fluency Evaluation	\$250
Pre-Reading Evaluation	\$250
Screener (3yrs – 6yrs)	\$135
Diagnostic Therapy - 45 minutes (when provided with current assessment)	\$180
Diagnostic Therapy - 30 minutes (when provided with current assessment)	\$135
Travel Fee (per visit)	\$10

Therapy Services

After your evaluation, your therapist will determine if therapy is warranted. You and your therapist will then decide on frequency of sessions and a reoccurring time slot for these sessions will be established. Sessions are carefully pre-planned for your child. Your child will work directly with their therapist, leaving 5 minutes at the end to talk with you and/or write a brief treatment note. Please be considerate of the child scheduled before and/or after your child's session. If you require an extended conversation with your therapist, please have it in the beginning of your session or schedule a time for a phone conference.

THERAPY RATES PER SESSION	
Individual Speech-Language Therapy - 30 minutes *	\$90
Individual Speech-Language Therapy - 45 minutes	\$135
Individual Speech-Language Therapy - 60 minutes	\$180
Group Speech-Language Therapy – 45 minutes (rate is per child)	\$90
Group Speech-Language Therapy – 1 hour (rate is per child)	\$135
Scheduled Phone Conference, 15-minute unit	\$50
Travel Fee** (per session)	\$10

*Must schedule 2 per week

**Travel is offered for 45-minute and 60-minute sessions ONLY

Billing Procedures

Let's Talk is a private pay practice, and payment is expected at the time services are rendered. For your convenience, we accept the following forms of payment **VISA, MasterCard, Discover Card, American Express or HSA Cards**. Your card will be automatically charged every week. **PLEASE NOTE THAT WE DO NOT BILL INSURANCE COMPANIES DIRECTLY, NOR DO WE PARTICIPATE IN ANY INSURANCE PLANS.** Whether or not your insurance company pays in full, a portion or does not cover your services is a matter between you and your insurance carrier. We will provide you with proper documentation (reports, treatment plans, invoices) to submit for your reimbursement. When requesting information from your insurance company, you may want to ask these questions:

1. Does my policy cover Speech Therapy services that are out of network?
2. What is the coverage (percentage or amount) for the following CPT codes:
 - a. Evaluation services (CPT 92523, 92522)
 - b. Treatment services (CPT 92507)
3. What documentation do you require the therapist to provide for authorization and payment of services?

Why are we a private pay practice? Documentation and communication with insurance companies takes up an enormous amount of time. Our time is preferred to be used to research, plan and provide high quality therapy services to treat your child's unique communication needs. When contracting with insurance companies, their employees make decisions about the necessity of treatment without ever having met your child or worked with your child. Insurance companies frequently deny claims for services. It is not guaranteed that insurance companies will pay for services, and it could take months for us to receive payment. Insurance companies pay very low fees that have not increased in over 20 years. Good News! Let's Talk Speech Therapy does accept Health Savings Account (HSA) card.

Positive Approach

Let's Talk firmly believes in a positive reinforcement system to enhance learning and shape newly acquired skills. In addition to positive verbal praise and enthusiasm, we offer motivating items such as stickers, treats and toys. Please make us aware of any allergies or issues you may have with this policy. Also, we welcome your suggestions about motivators for your child.

Attendance Policy

Consistent attendance is necessary for your child to be successful in speech therapy. You are expected to attend at least 90% of all scheduled appointments. Please be on time for your session to ensure maximum session time. If you are late for a scheduled appointment, you will only receive therapy for the time amount you were scheduled. Your child's progress is our ultimate goal.

Cancellation Policy

A great deal of effort goes into planning your child's therapy session. It is important to realize that this therapy time is being held exclusively for your child. Children who make the best and most rapid progress are those who diligently follow the recommended therapy schedule. We realize illness and emergencies occur. If you must cancel an appointment for any reason, **we must receive NOTICE by 6:00AM** the day of the scheduled appointment or it will be considered a broken appointment and the **FULL FEE WILL BE CHARGED.** If your child is being seen at a school, it is your responsibility to notify your therapist of a cancellation due to a field trip, special event and/or holiday to prevent broken appointment charges. You are encouraged to make-up missed appointments when planned cancellations arise. This is to ensure continuity of your child's therapy program. These can be arranged directly with your therapist as their schedule permits for that week. **Excessive cancellations or no shows (more than 3 consecutive) will result in the suspension of your treatment.** If you know in advance that you will miss more than 3 appointments due to traveling and/or other commitments your spot can be held for a fee.

Home Practice

Extending the therapy lessons from the treatment session into your home life is critical for maximum progress. Frequent practice is essential to your child's progress. Activities learned in sessions should be practiced 3-4 times per week for 10-20 minutes. If home practice is not performed, Let's Talk cannot be held responsible for lack of progress. For parents who are not on-site at the time of the sessions, a communication plan should be determined in advance. Those options include a homework notebook, e-mails, phone calls and/or texts.

Home/School Services

For your convenience, Let's Talk Speech Therapy offers therapy sessions in your home or at your child's school within a 5-mile radius of our office in Inwood Village. This service is offered for 45-minute and 1-hour therapy sessions ONLY. There is a \$10 travel charge per session.

Infectious Disease Control

Do not bring your child to therapy with a fever, cough, infection, rash, diarrhea, vomiting or any other contagious illness to therapy. Your child must be fever free for 24 hours to attend therapy. If your child cannot attend therapy due to illness, we can offer teletherapy services.

We are committed to providing a healthy and safe environment for all of our families and team members. We understand that due to COVID-19 there may be concerns about seeking services in a face-to-face environment. Our promise to you is to keep you and your child as safe as possible while continuing to provide the quality care your child needs. It is to be noted that if we agree to meet in person for therapy sessions, you are assuming the risk of exposure to possible infectious disease. To obtain services in person, we must all agree to take precautions to prevent exposure and possible infection.

- If we (you or your therapist) have been diagnosed COVID-19, we agree to cancel the appointment and proceed using telehealth until a negative test is achieved.
- If a resident of your or our home tests positive for COVID-19, we will immediately let each other know.
- Toys, tables and chairs will be thoroughly sanitized after each use.

HIPAA Privacy Practices

Let's Talk is required by law to keep your health information safe. This includes test results, treatment plans and treatment notes.



We strive to provide the highest quality evaluation and therapy services to our community. Thank you for trusting us in the care and treatment of your child's speech and language. We love helping families and being a part of your child's health and educational team. We sincerely appreciate your support. Please contact us with any questions or suggestions. We welcome your feedback.

Meredith B. Sorokwasz M.A., CCC-SLP
Morgan Clardy B.A., SLP-A
Hayley Singletary M.S., CCC-SLP
Laura Fish M.S., CCC-SLP

Meredith@letstalkdallas.com
Morgan@letstalkdallas.com
Hayley@letstalkdallas.com
Laura@letstalkdallas.com

Office Use Only	
ICD-10 code:	



Child's Name: _____ Date of Birth: _____
 Parent Name : _____ Cell Number: _____
 Address: _____ Email: _____
 Pediatrician: _____ Dentist: _____

1. Has your child ever had a Speech and Language Evaluation? YES NO
2. Has your child received Speech and Language Therapy? YES NO
3. Has your child received any other therapies (OT, PT, ABA)? YES NO
4. Does your child have any previous medical diagnoses? YES NO
5. Was your child born pre-term? YES NO
6. Has your child had tubes? YES NO
7. Has your child had a tongue-tie or lip-tie revision? YES NO
8. Does your child use a pacifier or suck their thumb/fingers? YES NO
9. Is your child a picky eater? YES NO
10. What motivates your child? _____

RESPONSIBILITY AGREEMENT

This agreement must be signed and returned to our office prior to the commencement of treatment. I acknowledge receipt of the Let's Talk Speech Therapy Policies & Procedures and demonstrate awareness of the following policies:

Evaluation Deposit	Attendance	HIPAA Privacy
Scheduling	Cancellation	Infectious Disease
Billing	Home Practice	Control

I agree that I will pay for every scheduled appointment whether I attend or miss the appointment without notice by 6am treatment day. I grant permission to Let's Talk Speech Therapy to charge my credit card for charges incurred from evaluation and therapy services.

(Circle one)	MasterCard	Visa	Discover	American Express	HSA
Name:					
Card #:					
Expiration Date:		Security Code:		Zip Code:	

Signature: _____ Date: _____