



2019 POLICIES

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. We welcome any suggestions and look forward to improving the communication needs of your child.

Please be advised of the following policies. These are designed to protect your child's privacy, maintain a quiet and 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.

Contact Information

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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 within the last 12 months we require that you provide us a copy of the outside evaluation report. We cannot ethically see a client without an evaluation.

A fee of \$200 will be charged for an annual re-evaluation and treatment plan update.

EVALUATION RATES	
Standard Evaluation (Language and Articulation)	*
Articulation Evaluation	*
Fluency Evaluation	*
Pre-Reading Evaluation	*
Diagnostic Therapy - 45 minutes (when provided with current assessment)	*
Yearly Re-Evaluation	*
Travel Fee (per visit)	\$10

*Please call for pricing

Treatment Sessions

Individual Therapy Appointments

After your evaluation, a permanent time slot for treatment 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 the parent and/or write a brief treatment note. It is a commitment of this therapy center to keep to the schedule. Please be considerate of the person before and/or after your 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.

Attendance

Consistent attendance is mandatory in order for your child to be successful in making progress towards their speech and language goals. Since your time slot is reserved for your child, you are essentially promising to fulfill that spot. You are expected to attend at least 90% of all scheduled appointments. Your child's progress is our ultimate goal.

Please be on time for your session to ensure maximum progress. If you are late for a scheduled appointment, you will only receive therapy for the time slot you were assigned.

Positive Reinforcement

Let's Talk firmly believes in a positive reinforcement system to ease learning and shape newly acquired skills and behaviors. 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.

Home Program / Homework

Extending the lesson from the treatment session into your home is critical for maximum progress, as daily carryover is essential to your child's progress.

Activities learned in sessions should be practiced 3-4 times per week for 10-20 minutes. If carryover 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 folder, notebook, e-mails, phone calls and/or scheduled meetings.

Travel

For your convenience, Let's Talk Speech Therapy offers traveling therapy sessions. We can come to your child's home or 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.

A signed permission form must be on file for your therapist to travel to a school.

THERAPY RATES PER SESSION	
Individual Speech-Language Therapy - 30 minutes **	*
Individual Speech-Language Therapy - 45 minutes	*
Individual Speech-Language Therapy - 60 minutes	*
Group Speech-Language Therapy (per child)	*
Scheduled Phone Conference, 15-minute unit	*
Travel Fee*** (per session)	\$10

*Please call for pricing

**Must schedule 2 per week

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

Cancellation Policy

A great deal of effort goes into arranging your individual treatment schedule. It is important to realize that this therapy time is being held exclusively for you. Clients who make the best and most rapid progress are those who diligently follow the recommended treatment schedule.

We realize illness and emergencies occur. If you must cancel an appointment for any reason, **we must receive NOTICE 24 hours prior** to the scheduled appointment or it will be considered a broken appointment and the **FULL FEE WILL BE CHARGED.**

Please do not bring your child with a fever, strep, unidentified rash, diarrhea, vomiting or any highly contagious illness to therapy. In general, if they are too sick for school they are too sick for therapy. Your child must be fever free for 24 hours to attend therapy.

You are encouraged to make-up missed appointments to ensure continuity of your child's therapy program. These can be arranged directly with your therapist as their schedule permits. **Excessive cancellations or no shows will result in the loss of your permanent time slot.**

If your child is being seen in a school, child-care facility or another off-site setting, **IT IS YOUR RESPONSIBILITY TO NOTIFY YOUR SLP OF A CANCELLATION.** Check your child's field trip, special event and vacation schedule to prevent broken appointment charges.

Billing Policies

Payment is expected at the time services are rendered. For ongoing therapy (more than one visit a week), payment for services is due every Thursday. For your convenience, we accept the following forms of payment **VISA, MasterCard, Discover Card, American Express or HSA Cards.** Upon enrollment, you will submit your credit card information on the form provided. Your card will be automatically charged every week, which will eliminate late charges and treatment suspensions. Upon request a PAID INVOICE is sent at the end of the month and can be used for your insurance reimbursement.

PLEASE NOTE THAT WE DO NOT BILL INSURANCE COMPANIES DIRECTLY, NOR DO WE PARTICIPATE IN ANY PLANS. WE REQUIRE YOUR PAYMENT WEEKLY. 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/coding and assist you in completion of insurance forms as necessary. Please see the helpful information below:

- 1) Before scheduling, please call your insurance company and ask these questions:
 - Does my policy cover a speech- pathologist who is out of network?
 - My therapist reports session dates, CPT codes, diagnosis ICD-10 codes and fee for services. Is any more information required?
 - What is the coverage for:
 - o Evaluation services
 - CPT 92523
 - o Treatment of speech, language or communication disorder
 - CPT 92507
- 2) Reasons that we do not contract with Insurance company networks:
 - YOUR needs come first.** Extensive reporting and requesting requirements take up an enormous amount of time. We would rather use our time to provide high quality services to a limited number of patients. We can then set aside plenty of time for updating our knowledge and skills to best support your child's unique communication needs.
 - Only you and your therapist can determine whether treatment is working.** If we contract with your insurance company, their employees may make this judgment 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 to receive payment.
 - Insurance companies pay very low fees that have not gone up in over 20 years.**
 - Good News! Let's Talk Speech Therapy does accept Health Savings Account cards.**

Release of Information

We respect your confidentiality in all matters. If you would like us to release information about your evaluation and/or treatment to another professional, please request our standard Release Form from the office. Upon completion of the form, we will release the appropriate information.

If you would like Let's Talk to have prior records of your child -- which are very helpful clinically -- please have the information forwarded to our office. These records will also be treated with the utmost confidentiality.

Record Keeping

Let's Talk Speech Therapy keeps copies of evaluations, re-evaluations and session notes for all clients. We provide clients with copies of all formal reports. It is our policy to keep these documents for a period of 7 years after client discharge. After that time, the records will be shredded. You are encouraged to keep and store your own copies of formal reports for your permanent records.

Snow / Inclement Weather Policy

Let's Talk will follow the Dallas ISD's decisions to close or delay school due to inclement weather.



Child's Name: _____ Date of Birth: _____

Parent Name: _____ Phone Number: _____

Address: _____

Email: _____

Pediatrician: _____ Dentist: _____

1. Has your child ever had a Speech and Language Evaluation? YES NO

If yes, when and where? _____

2. Has your child received Speech and Language Therapy? YES NO

If yes, when and where? _____

3. Has your child received any other therapies (OT, PT, ABA)? YES NO

If yes, when and where? _____

4. Does your child have any previous medical diagnoses? YES NO

If yes, please list: _____

5. Was your child born pre-term? YES NO

6. Has your child had tubes? YES NO

If yes, when? _____

7. Has your child had a tongue-tie or lip-tie revision? YES NO

If yes, when? _____

6. Does your child use a pacifier or suck their thumb/fingers? YES NO

5. 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 agree that I will be responsible for the payment of charges incurred as outlined in the packet. Specifically, I agree to pay for every scheduled appointment (evaluation and/or therapy), whether I attend or miss the appointment without 24-hour notice.

Please initial to demonstrate your awareness of the following policies:

- Evaluation Deposit
- Attendance
- Billing
- Cancelation
- Homework
- Release of Information to your Pediatrician or Dentist

Signed: _____ Date: _____

CREDIT CARD CHARGE PERMISSION

I grant permission to Let's Talk Speech Therapy to charge my credit card for charges incurred as a result of receiving evaluation, consultation or therapy services.

(Circle one) MasterCard Visa Discover American Express HSA

Name on Card: _____

Account Number: _____

Expiration Date: _____ Security Code: _____

Billing Zip Code: _____

Signature: _____ Date: _____