

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 in therapy. The following policies are designed to protect your child's privacy, health, safety and effectiveness of their individualized plan for ultimate success in therapy.

Our Team

The Let's Talk Team is comprised of highly educated and compassionate women that strive to provide the very best evaluation and therapy services. We love helping families and being a part of your child's health and education team. We welcome any suggestions and look forward to improving the communication needs of your child.



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Our Approach

Let's Talk firmly believes in a positive learning approach to acquire, shape and generalize speech and language 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 your child has; and we welcome your suggestions about motivators for your child.

Evaluation Services

An evaluation is necessary to begin Speech and Language treatment, and it could include articulation, language, pragmatics, vocabulary, fluency and/or pre-reading testing depending on your concerns. This time is used to assess your child's strengths and weaknesses in order to develop an appropriate treatment plan for therapy. 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 – 36 months) | \$500 | | | |
| Language Evaluation (3 years – 7 years old) | \$300 | | | |
| Articulation Evaluation (2.5 years – 7 years old) | \$300 | | | |
| Fluency Evaluation (3 years – 10+ years old) | \$300 | | | |
| Pre-Reading Evaluation (4.5 years – 9 years old) | \$300 | | | |
| Screener (3 years – 6 years old) | \$100 | | | |
| Diagnostic Therapy - 45 minutes (when provided with current assessment) | \$200 | | | |
| Diagnostic Therapy - 30 minutes (when provided with current assessment) | \$150 | | | |
| 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, weekly schedule. Therapy sessions are carefully pre-planned and individualized 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 other children 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 * | \$100 | | | |
| Individual Speech-Language Therapy - 45 minutes | \$150 | | | |
| Individual Speech-Language Therapy - 60 minutes | \$200 | | | |
| Group Speech-Language Therapy – 45 minutes (rate is per child) | \$100 | | | |
| Group Speech-Language Therapy – 1 hour (rate is per child) | \$150 | | | |
| Scheduled Phone Conference, 15-minute unit | \$50 | | | |
| Travel Fee** (per session) | \$10 | | | |

^{*}Must schedule 2 per week

^{**}Travel is offered for 45-minute sessions ONLY

Billing Procedures

Let's Talk is a private pay practice. 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 NETWORKS. 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. If needed, we will provide you with proper documentation (reports, treatment plans, invoices) to submit for your reimbursement. When requesting information from your insurance company regarding out of network coverage, 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 for the following CPT codes:
 - a. Evaluation services (CPT 92523, 92522)
 - b. General 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 prioritized for research, planning and providing 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 can accept Health Savings Account (HSA) cards.

Cancelation 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 8:00AM 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 cancelation 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 cancelations 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.

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 frame you were scheduled. Your child's progress is our ultimate goal and attendance is necessary for this to happen.

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 10-15 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 with your therapist in advance. Those options include a homework notebook, e-mails, phone calls and/or texts.

Home & School Therapy 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. There is a \$10 travel charge per session. Let's Talk currently provides therapy at the following schools:

- Episcopal School of Dallas
- Good Shepard Episcopal School
- Highland Park UMC Day School
- Our Redeemer Lutheran Preschool
- Primrose School of Park Cities
- Spanish World School
- St. Michael's Episcopal School

- St. Monica Catholic School
- St. Rita Catholic School
- St. Thomas Catholic School
- Wesley Prep
- Zion Lutheran Preschool
- Meadowbrook Preschool
- Greenhill School

Health & Wellness Control

Please 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.

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. This information is protected and stored for 6 years.

Record Sharing

With your permission, we will send copies of evaluation reports, treatment plans and progress reports to your child's pediatrician. Let's Talk values the relationship between you and your pediatrician. Keeping them informed of your child's speech and language goals and progress helps them to understand the whole child.



| Child's Name: | | Date | of Birth: | | | | |
|--|------------------|-----------------------|-------------------|-----|--|--|--|
| Parent Name : | | | | | | | |
| Address: | | Email | • | | | | |
| Pediatrician: | | School | ol: | | | | |
| 1. Has your child | ever had a Spe | ech and Language | Evaluation? YES N | 10 | | | |
| 2. Has your child | received Speed | h and Language T | herapy? YES NO | | | | |
| 3. Has your child | received any of | her therapies (OT, | PT, ABA)? YES NO | | | | |
| 4. Does your chi | d have any prev | ious medical diag | noses? YES NO | | | | |
| 5. Was your child | d born pre-term? | YES NO | | | | | |
| 6. Has your child | had tubes? YES | NO | | | | | |
| 7. Has your child | had a tongue-ti | e or lip-tie revision | ? YES NO | | | | |
| 8. Does your chi | d use a pacifier | or suck their thumb | o/fingers? YES NO | | | | |
| 9. Is your child a | picky eater? YE | S NO | | | | | |
| 10. What motivates your child? | | | | | | | |
| RESPONSIBILITY AGREEMENT This agreement must be signed and returned to our office prior to the commencement of treatment to acknowledge receipt of the Let's Talk Speech Therapy Policies & Procedures and to demonstrate awareness and agreement of the following policies: • Evaluation Deposit • Cancelation • HIPAA Privacy • Weekly Billing • Home Practice • Record Sharing • Health & Wellness I agree that I will pay for every scheduled appointment whether I attend or miss the appointment without notice by 8am treatment day. I grant permission to Let's Talk Speech Therapy to charge my credit card for charges incurred from weekly services. [Circle one] MasterCard Visa Discover American Express HSA | | | | | | | |
| Name: | | | | | | | |
| Card #: | | | | | | | |
| Expiration Date: | | Security Code: | Zip Cod | le: | | | |
| Signature: | | | Date: | | | | |