



Super Speech Solutions, LLC
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Payment Policy & Fee Schedule

Thank you for choosing our private practice to serve you. We are committed to providing you with the highest quality care. Please know that the timely payment of your bill is an integral part of our service and as such, this payment policy is an agreement between you and Super Speech Solutions, LLC for payment of services provided. By signing this policy, you are agreeing to pay for services provided to you or your family member. As a client of Super Speech Solutions, LLC you are required to carefully review and sign our payment policy.

Fee Schedule

ONLINE SESSIONS

Individual Session	\$80	30 Minutes
Extended Individual Session	\$105	45 Minutes

IN HOME SESSIONS

Individual Session	\$95-\$100	30 Minutes *
Extended Individual Session	\$120-\$125	45 Minutes **

* In Home 30 minute sessions are only offered to limited areas of the city.
 ** An extra five dollar travel fee will be charged for any in home session that is more than 15 miles from SLP.

ONLINE EVALUATIONS

Evaluations typically last 45-90 minutes.

Evaluation of Speech and Language	\$255
This evaluation assesses receptive language/comprehension of language, expressive language/verbal expression, and articulation/speech sounds.	

IN HOME EVALUATIONS

Evaluations typically last 45-90 minutes.

Evaluation of Speech and Language	\$270-\$275 **
This evaluation assesses receptive language/comprehension of language, expressive language/verbal expression, and articulation/speech sounds.	

** An extra five dollar travel fee will be charged for any in home session that is more than 15 miles from SLP.

Name of Client: _____ Date of Birth: _____

Please read the following information carefully:

All therapy fees are due at the time of service. We accept all major credit cards and/or FSA cards via Square app. This is a HIPAA compliant app so your information is safely secured and stored. Square sends a receipt via e-mail every time your credit card is charged.

Please read and check all boxes to acknowledge understanding and the sign below:

- I understand that I am responsible for all costs/fees that any third party payer company, private does not cover. In the event that a third-party payer source determines that rendered therapy services are “not covered” or otherwise denied, I will be responsible for all outstanding charges. I understand that I will be billed accordingly and will be responsible for immediate payment. I also understand that Super Speech Solutions, LLC will not become involved in disputes between you and your third party source regarding uncovered charges or reasons for denial.
- I understand that if fees are not paid in full, treatment sessions may be postponed or cancelled until payment is received.
- I understand that all returned checks will be subject to a \$80.00 returned check fee. Charges incurred and not paid after 30-days may be turned over to a collection agency at the client’s expense. Overdue accounts may also be reported to a Credit Bureau.
- I understand that I am responsible for all legal and collection fees, which Super Speech Solutions, LLC may incur if payment is not made in accordance with the terms and conditions herein.
- I understand that refunds will be issued only in instances of overpayment. Refunds for payments made with a credit card will be credited back to the credit card used, all other refunds will be issued by a check. Client’s who used a third party source will not be issued a refund until full payment is received from the appropriate source.
- I understand that all cancellations require 24 hours notice and that there will be a \$80.00 charge for any cancellations made less than 24 hours ahead of time. This charge is my sole responsibility and will not be covered by a third-party source.
- I understand the payment policy and the risks of not adhering to it.

Print Name of Client

Date of Birth

Signature of Client, Guardian, or Responsible Party

Relationship to Client

Private Practitioner/Witness

Date