



# Super Speech Solutions, LLC

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877-544-7659

## 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

#### SESSIONS

##### ONLINE

Individual Session	\$75.00	30-Minutes
Extended Individual Session	\$100.00	45-Minutes
One-Hour Individual Session	\$125.00	60-Minutes

##### IN-HOME

Individual Session	\$85.00-\$90.00	30-Minutes*
Extended Individual Session	\$110.00-\$115.00	45-Minutes*
One-Hour Individual Session	\$135.00-\$140.00	60-Minutes*

\*Pricing varies based on travel distance.

#### EVALUATIONS

##### ONLINE

*Evaluations typically last 45-90 minutes.*

Evaluation of Speech \$150.00

This evaluation consists of only assessing articulation/speech sounds. This is typically a shorter evaluation as there is less to assess.

Evaluations of Speech and Language \$250.00

This evaluation assesses receptive language/comprehension of language, expressive language/verbal expression, and articulation/speech sounds.

#### EVALUATIONS

##### IN-HOME

*Evaluations typically last 45-90 minutes.*

Evaluation of Speech \$165.00

This evaluation consists of only assessing articulation/speech sounds. This is typically a shorter evaluation as there is less to assess.

Evaluations of Speech and Language \$265.00

This evaluation assesses receptive language/comprehension of language, expressive language/verbal expression, and articulation/speech sounds.

**PLEASE SEE PAGE 2 FOR IMPORTANT INFORMATION**

Name of Client: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Please read the following information carefully:**

All therapy fees (including session fees and/or co-pays, if applicable) are due at the time of service. We accept all major credit cards, checks, and/or cash. Checks should be made payable to Super Speech Solutions, LLC. We will provide you with an invoice outlining the services rendered and the amount 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 (ex. Insurance company, private school, etc.) 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 \$75.00 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 \$75.00 charge for any cancellations made less than 24-hours. 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