

Time To Sprout Speech and Language Services, LLC

Good Faith Estimate

Welcome and thank you for choosing Time To Sprout Speech and Language Services for your speech-language pathology needs. As a self-pay patient, you are entitled to a good faith estimate which outlines the potential costs associated with your evaluation and treatment in our office.

The good faith estimate below is based on a suggested treatment plan for you.

This treatment plan may change during our time together and you are entitled to an updated good faith estimate at any time. The information provided in this estimate, and any subsequent estimate, is only an estimate and actual items, services, and charges may be different. At any point during treatment, you have the right to engage in dispute resolution if the actual costs of services significantly exceed those listed in the below estimate:

- Individual Therapy Sessions: \$90.00 USD per 30 minutes
- Individual Occupational Therapy Sessions: \$150.00 per 60 minutes
- Comprehensive Speech and Language Evaluations: \$300.00 USD per 60 minutes
- One -time Speech and Language Screenings: \$15.00 USD
- One-time Occupational Screenings Screenings: \$25.00 USD
- Develop Plan of Care from previous evaluation from another company/school: \$90.00 USD
- Pediatric Speech and Language Consultations: \$140.00 USD per 60 minutes
- Special Education (IEP & 504) Consultations: \$3000.00 per 60 minutes

You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost. Under the law, health care providers need to give patients who don’t have insurance or who are not using insurance an estimate of the bill for medical items and services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your healthcare provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate. For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call 800-985-3059.