



Permission to Evaluate

I, _____, give permission for Fischer Speech Therapy Solutions to complete a Speech and/or Language Evaluation for my child _____.

I understand that this evaluation will cost \$175.00 and that Fischer Speech Therapy Solutions will not be able to bill my insurance company directly for this and any future services. Information including Tax ID, evaluation reports, plan of care, and progress notes will be available for client submission to insurance for reimbursement. Fischer Speech Therapy Solutions, LLC will not submit any information to insurance companies directly.

I understand that once the evaluation is completed, if therapy is needed, sessions will cost \$50 for every 30 minutes. Progress notes will be completed after each session and will be provided to the parent via email. Payment for therapy sessions will be expected at the end of each week. Invoices can be emailed upon request. Accepted payment methods include: cash, check, credit card (Visa, Mastercard, and American Express), or Venmo.

I understand that my child's personal information, progress in therapy, recommendations, etc. will not be shared with anyone other than the persons listed below:

_____ Relationship: _____

_____ Relationship: _____

Preferred contact:

Email _____

Phone _____

By signing below, you agree to all policies and procedures listed above.

Signature _____ Date: _____