



**Hamaguchi & Associates**  
**Pediatric Speech-Language Pathologists, Inc.**  
20111 Stevens Creek Blvd., Ste.145  
Cupertino, CA 95014  
(408) 366-1098 • fax (408) 366-1011  
www.hamaguchiandassociates.com

**2022 Summer Service Request Form for New Clients**  
(Fall/Academic Year scheduling is done separately and will be available in June)

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
City/Zip \_\_\_\_\_

Mother's/Father's/Guardian's/Partner's  
Name \_\_\_\_\_  
Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's/Mother's/Guardian's/Partner's  
Name \_\_\_\_\_  
Email: \_\_\_\_\_ Cell: \_\_\_\_\_

What is the best phone # to reach you? \_\_\_\_\_  
May we leave a message for you on this number? Yes No

**What we need from you prior to beginning therapy:**

1. This Registration Form, along with the equivalent of 2 sessions' fees if a credit card or voided check is not provided. (If attending group and individual, the equivalent of one group and one individual session). We require a credit card on file for payments or you may sign up for ACH (automatic bank withdrawal).
2. A Patient History Form (for former clients, we only need it if it has been more than a year since you have attended)
3. **New Clients:** Please provide copies of previous speech-language pathology reports, as well as any other pertinent reports, such as those from an occupational therapist, IEP, or psychologist. We will need to have some kind of speech evaluation or report that is no older than 11 months old, in order to begin services. Children with minor articulation difficulties can usually suffice with a screening by our staff. If you have no report and your child has anything other than a very mild, simple deficit, we will need to perform an evaluation first. Insurance companies do require an initial assessment and treatment plan (goals). *IEPs are considered "educational" and therefore, if our therapy is based on an IEP, your insurance company will decline coverage, indicating it is duplication of services and educational in nature rather than medical.*

**Returning Clients:** Please provide any reports or IEPs since your child was last seen.

**What services are you requesting to be scheduled?**

- Assessment**
- Individual or Group Services**
- I'm not sure what my child needs.** (Please send us all previous reports and we will give you input on this)

Please fill out this form and return it to our office.

1. Include a short note (1-2 pages, max, please) on a separate sheet of paper, "What We Want You to Know About Our Child" including information about your child's personality, your concerns, observations and reasons for seeking an assessment and/or therapy at our office.
2. Please include a photograph of your child that we can keep in our records.
3. Fax it or email it (frontoffice.hamaguchi@gmail.com), or mail this form, plus your letter, to our office:

Hamaguchi & Associates  
20111 Stevens Creek Blvd. #145, Cupertino, CA 95014  
Phone (408) 366-1098 ext 3# / Fax: (408) 366-1011

**ASSESSMENTS**

My child needs to be assessed: \_\_\_ yes \_\_\_ no \_\_\_ I'm not sure

I would like the following type of assessment:

- Articulation Assessment - **\$250** (If no report is required - \$204; *pronunciation issues only*)
- Birth-Age 2: speech-language assessment for children - **\$600**
- Bilingual Assessment for Toddlers (Mandarin/English or Cantonese English) **\$800**
- Age 3 to 4 years 11 months: speech-language assessment: **\$800**
- Age 5 years to 6 years 11 months: speech-language assessment **\$1000**
- Ages 7 and up speech-language assessment **\$1299. \*\*with auditory processing tests \$1500**
- Supplementary Testing: for children who have previous speech-language, neuropsychological or similar reports/assessments within the past 9 months and whose parents would like additional information, such as aspects of auditory processing or a more-in depth expressive language component to what was already done. Fees are prorated by time spent but do not include a written report. Reports are billed separately with our "Additional Services Form."
- An initial mini-assessment for a child wishing to join a group (group only therapy) **\$400**
- AAC Assessment (Assistive and Augmentative Communication) without app **\$800**
- AAC Assessment with app **\$1000-1100** (depending on app)
- AAC Assessment with app combined with comprehensive speech-language assessment **\$1599**

**THERAPY**

1. What kind of therapy would you like for your child? (circle all that apply)

Teletherapy only	In-person only	Hybrid	I'm flexible!
------------------	----------------	--------	---------------

How many sessions per week do you wish to schedule? \_\_\_\_\_

2. How long for each session?

- 30-minute individual sessions typically available before 2pm only (\$103)  45-minute individual sessions (\$155)
- \*must schedule a minimum of 2 per week\*  One hour (\$204)

3. Do you have a preference for which speech pathologist works with your child?

4. Days your child is available (please check all that apply):

- |                                  |                                    |  |
|----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Monday  | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Friday                  |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Thursday  | <input type="checkbox"/> Saturday am teletherapy |

5. Times your child is available to START each session (please check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> 8:00-8:15 (Amber only) | <input type="checkbox"/> 1pm to 2pm    |
| <input type="checkbox"/> 8:15am to 10am         | <input type="checkbox"/> 2pm to 3pm    |
| <input type="checkbox"/> 10am to 11:15am        | <input type="checkbox"/> 3pm to 4:45pm |

6. Do you have any vacation plans? What weeks/days are you sure you will be away? (We will not schedule your child during those dates) \_\_\_\_\_

**GROUP THERAPY** (3-6 children) or DYAD (Group of 2 children)

Are you interested in a group for your child? \_\_\_ **yes** \_\_\_ **no** \_\_\_ **maybe**

Groups are used to teach children how to understand and use language (verbal and body language) in an age-appropriate manner in a playful and fun environment with their peers. What days/times is your child available for a group?

**HANEN PROGRAMS FOR PARENTS (It Takes Two to Talk® & More Than Words®)**

We provide two different Hanen group parent coaching via Zoom classes, in **October and January of each year**. It Takes Two to Talk® is for parents of young children who are speech-delayed. More Than Words® is for parents who have children diagnosed with autism or other social communication difficulties. Both are for children ages 18 months to 5 years old. Each is a 12-week program with \$800 for the 8 group parent-training sessions and 1 pre-program consultation + 3 individual video feedback sessions each billed at our hourly rate (\$204) with the total of each program costing no more than \$1,616. These programs provide concrete strategies to help you help your children learn to talk, or talk more. The More Than Words® program also provides information on building social connections with others. These classes can be taken instead of therapy or alongside therapy. Days/times vary. If you would like more information about either of these programs, please indicate so here and let us know which program you are interested in:

**It Takes Two To Talk®**

**More Than Words®**

\_\_\_ **October 2022 program**

\_\_\_ **January 2023 program**

6. I have read, understand, and agree to all pages of the 2022 Summer Program Office Policies. I am the financially-responsible parent who will guarantee payment for the program to be scheduled. (\*If divorced and sharing joint custody under court order, both parents must sign)

\_\_\_\_\_  
(Please print your name here)

\_\_\_\_\_  
\* Signature of parent who is financially committing to pay for this program

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent with Joint Legal Custody

\_\_\_\_\_  
Date

**Office Policies: Summer Program 2022**

1. **Payment:** All payments are via credit card on file, ACH (bank withdrawal) or check made out to Hamaguchi & Associates. Failure to pay in a given week by check will mean that we process fees due on the credit card on file.

2. **Sessions:**  
When you have a scheduled therapy time, you are contracting for a specified amount of our professional time (usually 30, 45 or 60 minutes). Direct therapy is usually concluded about 5-7 minutes before the session is over in order to review the exercises with you and answer any questions you may have. All conversations need to take place during the child’s scheduled therapy time. With rare exception, we prefer that email communication is not used to query or discuss issues with our therapy staff members as our fees are time-based.

3. **Fees:**  
**Individual Session Fees** are: \$103 per half hour; \$155 per 45 minutes, \$204 per hour.  
**Groups Sessions** are scheduled when appropriate. Fees for each child are: \$145 per 60 minute session for a group of three or more children, \$109 for a 45 minute group of three or more children, \$185 per 60 minute session for a group of 2 children, *attending the group that day.*

4. **Cancellations** allowed for each client attending individual therapy during this summer as follows with a minimum of 3 hours' notice: 3 sessions (if coming once a week); 6 sessions (if coming twice a week); 9 sessions (if coming three times a week). Sessions cancelled with less than 3 hours' notice or a no-show are charged in full. Sessions cancelled after reaching the maximum number of cancellations as described above, are billed half the usual fee to hold the scheduled spot.
5. **Changing in-person to teletherapy late notice:** If your child is scheduled for in-person therapy and you want to change that to a teletherapy session the day of therapy for whatever reason, we will need to use the first 10 minutes of the session to prep. Preparation for teletherapy is different than preparation for in-person therapy. Late notice means our staff took the time to prep for a different kind of session and so your child's session will need to be shortened to allow that prep. So, if you normally start at 3:15, your start time will be 3:25 and the session will end at the normal time. *If we are notified the day before, we can make that change and keep your normal start time.*
6. **Two-week cancellation notice:** As with our academic year program, we require 14 days' notice to cancel a summer program. All fees are due for the sessions scheduled during that 14 day window whether you attend or not. However, if you do cancel a summer program, you will not be able to hold the fall timeslot unless there is an extreme medical or personal emergency, which is reviewed on a case-by-case basis.
7. **Arriving Late to your Session:**  
If you are late to arrive at your appointment, your child's session will still need to conclude at the usual time in order to keep our schedule on track, and you will be billed for the entire scheduled session.
8. **Late Pick-up of Children After the Session:** Children who are not toilet -trained or are unable to independently use the bathroom cannot be dropped off for therapy. An adult must stay on the premises at all times. If a child is able to be dropped off, the parent must be back at our office 5 minutes or more before the session is scheduled to be concluded. *Hamaguchi & Associates cannot provide babysitting services.* Our office staff is busy answering phones and taking payments and cannot supervise children. Failure to return in time for pick-up will result in a contact from our Director. Repeated issues with on-time pick-up will necessitate a parent being required to wait on-site.
9. **Communication with Other Professionals:**  
We will be happy to speak to whomever you would like via phone regarding your child's program, (physician, OT/PT, etc.) at no additional charge if the conversation is 10 minutes or less. Consultation fees are required for conversations longer than 10 minutes. An "exchange of information" will need to be filled out, available at the front desk, in order to do so. Max 4 contacts per year without additional charges.
10. **Treatment Plans and Reports:**  
Please fill out the "Additional Services" request form. There are fees associated with these additional services.
11. **IEPs and Legal Proceedings:**  
We will generally decline to participate in IEP meetings, legal proceedings, or marital/custodial squabbles, particularly as it relates to scheduling and payments. You must work out these issues before contacting our office. Our office will not act as a mediator between custodial parents.
12. **Interacting with Our Office Staff/Contract**  
Should there be repeated no-shows or unusual difficulties with rescheduling and/or conflict with our office staff (e.g., becoming hostile when asked to pay for a no-show, rescheduled fee, or late cancellation, demands to avoid fees per contract) the front office has the right to refuse to reschedule any further sessions, and the Director will be asked to intervene and handle all further scheduling/billing situations. Clients who refuse to honor the office policies or become hostile or verbally abusive with our staff are subject to being asked to find another provider for services and having their child's program discontinued.
13. **Supervision of Children:**  
Please make sure you closely supervise your children in the courtyard of our office building. As it is a business office building, please do not let your children run around the courtyard, scream or disrupt the other businesses. Children must remain on the sidewalk at all times.

## **Questions and Answers About the Summer Office Policies**

### **How can I reschedule sessions?**

We will try to accommodate any requests for rescheduling individual sessions but cannot guarantee our ability to do so given the very tight schedules our speech pathologists have. Because constant changing of summer schedules has been a problem and resulted in quite a bit of confusion, extra work for our staff, and unexpected unfilled slots, we need to keep changes to a minimum. Once the confirmation schedule has been received, changes to it cause confusion. People tend to forget to write it down, make other plans and want to change it again and again, or insist that the rescheduled date was for another time than our office put on our calendar. Without firm, written and signed-off schedules, there is simply too much opportunity for problems. For that reason, **all changes in schedule must be confirmed via email**—with the rescheduling policy stated- so there is no confusion or misunderstanding. We will only hold a proposed rescheduled date for 24 hours without some formal, written confirmation. If your plans change *again* and the rescheduled session won't work, we will not reschedule it again.

### **Will my insurance company reimburse me for session fees that are due to a program cancellation or no-show/late notice?**

Unfortunately, insurance companies only reimburse therapy sessions that actually take place. Likewise, your Health Savings Account will most likely not allow you to use those funds for cancelled sessions. Therefore, it is important to wait until your plans are firmed up for the summer before scheduling therapy with us.

### **What if I just decide I want to cancel the whole program? Maybe I decide to do something else or go visit family overseas?**

You must also give 14 days' notice to cancel your child's program. Any sessions scheduled during that 14 day period, will be charged, even if your child does not attend them. If you cancel the summer program, you will lose your fall priority timeslot.

### **What if I want to *add* dates after the confirmation form has been signed off?**

You can absolutely request additional days of therapy at any time and we will do our best to find timeslots for you, however, we generally have a long waitlist for services and few openings. That said, sometimes families are away on vacation during the summer and we do have random spots open up.

### Payment Arrangements

Payments will be charged on your credit card or through ACH (direct bank withdrawal) the following Monday for the previous week's charges.

- Automatic Bank Withdrawals:** I am attaching a voided check for ACH withdrawal and will fill out the information required in the box below. (If you have been doing ACH withdrawal all along, we don't need a new check. Only attach a voided check if you are switching over to ACH)
- Automatic Credit Card:** We will charge your credit card for all fees.
- \*I will pay by check in person when I come for my child's appointments. This is only available Monday-Thursdays between 8:30-4:45pm. **A credit card on file is still required in the event a payment is missed.**

#### Sign Me Up for ACH! (Attach a Voided Check)

*(If you currently participate in this plan, you do not need to fill this out again)*

#### Automatic Payment Withdrawals Directly from Your Bank

\_\_\_\_ (initial) I authorize Hamaguchi & Associates to withdraw all fees due to maintain my child's speech therapy program and account in good standing including registration fees, therapy/cancellation fees, report-writing fees, etc., per the office policies. Fees are withdrawn the date incurred or shortly thereafter. A statement/receipt will be sent or hand-delivered the next month with the prior month's fees detailed. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Bank Name (Depository) \_\_\_\_\_  
 City where bank is located: \_\_\_\_\_ State \_\_\_\_\_  
 Zip code where bank is located: \_\_\_\_\_  
 Pick one: \_\_\_ checking \_\_\_ savings \_\_\_ money market fund

Routing number \_\_\_\_\_  
 Account number \_\_\_\_\_

Billing Address \_\_\_ same as home No, it's different: \_\_\_\_\_  
 Name on Account: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_

You may revoke this authorization at any time by notifying Hamaguchi & Associates in writing that you are revoking this authorization, providing adequate notice to complete in-progress transactions.

**Don't forget to include a voided check.**

Please attach check here.