

## Formerly Hamaguchi & Associates

20111 Stevens Creek Blvd., Suite 145, Cupertino, CA 95014 Phone (408) 366-1098/Fax (408) 366-1011 office@brightstarsspeech.com www.brightstarsspeech.com

## **Additional Services Request Form**

Child's Name_	Today's Date:
this form is recei depending upon	Il be performed: With very few exceptions, this date should not be requested any sooner than 3 weeks from the date wed by our staff. Requests for service sooner than this timeframe will be considered on a case-by-case basis, the time required to complete the task, and the availability of the staff members. In general, we are unable to fulfill the 3-week notice. Please indicate if this is a rush request and we will let you know the soonest we can expect to ce to you.
Date you are re	questing to have this service done:
Parent Requesti	ing Service (Print Name)
Parent Requesti	ing Service: (Sign Here)
	Laurel Cuyle Leah Schaier Radhika Kadakia
	like the following services performed, which are billed and payable at the time of the request as follows: <i>check off your request</i> )
	Description/review of how the child is doing with each of his/her goals (one-two pages maximum)  An update to another professional/parent in writing that describes how the child is performing during therapy sessions (approximately one page)  Extra instructions to other professionals/preparation of materials by parent request (approximately one page)  Preparation of a special book or project to individualize instruction for a child (max 45 minute preparation)  Preparation of summer/vacation or extra "packets" or materials/photos for extra review and practice above and beyond suggestions that are normally provided for reinforcement of a therapy session (maximum 45 minute preparation)
□ She	ort Initial Treatment Plan/ Short Progress Report/Discharge or Exit Summary: \$340 (Includes a brief history paragraph, summary paragraph of therapy approach/prognosis, diagnosis, goals and is required and requested by most insurance companies; no formal testing scoring/interpretation) 3-5

pages

No Charge y insurance
herapy icular group: \$340
me) vation site and our minimum
at, client is
nd back, as well as e of \$678
a n