

Business Policy

FEES

The fee for speech language therapy is \$180 per hour. Sessions of shorter duration are prorated accordingly. Consultations with other educational professionals are billed at the same rate. There is an additional \$10 travel fee for daycare and school visits, unless a separate, pre-arranged agreement has been reached between the school and Next Generation Therapy Services, Inc. The fee for reading therapy is \$120 per hour.

The fee for a Speech, Language, Reading Evaluation is \$800. This fee includes a two to four-hour testing session, a written report, and a consultation concerning the results. Fluency testing is an additional \$150. The cost for an Articulation Evaluation is \$450. The cost for a Reading Evaluation is \$550. This fee includes a two to three-hour testing session, a written report and a consultation concerning the results. The written report will be delivered upon payment.

Invoices for therapy are mailed monthly. **Payment is due upon receipt of the invoice.** An initial deposit, that will be applied to the final therapy invoice, may be required.

Delinquent balances will be charged a late fee each month equal to 2% of the outstanding balance. Collection costs and attorney's fees incurred to collect delinquent balances are the responsibility of the patient or parent or guardian.

INSURANCE

Some speech and language services are covered by some insurance companies. However, since coverage varies widely from policy to policy, it is recommended that you review the benefits with your carrier to determine your expected reimbursement. It will be necessary for you to file for reimbursement directly with your carrier. Your monthly invoice will serve as your insurance information to attach to your claim form. In the event that your carrier does not provide reimbursement for services rendered, you will be responsible for payment. Additional documentation from the office records will be provided to the insurance carrier upon request.

CANCELLATIONS

Missed appointments or appointments that are not canceled 24 hours in advance will be charged the full amount for the session. There is 24 hour, 7 days a week telephone coverage for messages at (404) 660-5953 or through your clinician. It is requested that notification be given as soon as possible if your child is ill the day of therapy. Reasonable consideration will be given due to extenuating circumstances. Continuing cancellations may result in forfeiture of the time slot.

Please sign below acknowledging that you agree to pay in a timely manner, and you accept these policies for yourself and on behalf of your child.

Parent Name (Please print)

Date

Signature