

Let's Talk Speech & Language Therapy Services, LLC



CLIENT CONTRACT

I, _____, hereby consent for Let's Talk Speech & Language Therapy Services, LLC to provide speech-language evaluation and/or therapy services to: _____, DOB: ____/____/____. I understand that this agreement may be terminated by either party, in writing, at any time.

Billing/Fees for Service

____ Private health insurance will be billed as my primary means of payment. If claims are denied as a result of changes/limitations in insurance coverage benefits, the private pay rate of \$_____ per session will be charged. I acknowledge that I am responsible for understanding my own insurance plan and the speech therapy benefits that it provides (including benefit limitations, benefit maximums, deductibles, coinsurance, and copayments). Let's Talk will not be held responsible for interpreting the benefit information for me. Let's Talk is also not responsible for the determination of payment or denial by my insurance carrier. The responsibility of Let's Talk is to collect deductibles, co-payments, co-insurance payments, and/or the cost of denied claims. I am responsible for these payments at the time of my visit. It is also my responsibility to notify Let's Talk *immediately* of any changes in my health insurance plan. If Let's Talk is not notified of changes in my insurance plan, I may be subject to charges resulting from denied claims.

OR

____ The private pay rate of \$_____ per 45 minute therapy session will be charged to me. For evaluations, the following private pay rates apply depending upon the type of evaluation performed:

- Speech Production: \$_____
- Speech Production & Language: \$_____
- Fluency (Stuttering): \$_____
- Feeding/Swallowing: \$_____

Cancellation Policy (Client)

____ If I am unable to attend a speech therapy session I agree to contact Let's Talk at least 24 hours in advance at (508) 230-8181. If I fail to provide 24 hours notice for a cancelled session, I understand that a fee of \$50.00 will be charged to my account (with the exception of illnesses, emergencies, and inclement weather). I understand that insurance cannot be billed for this "no-show" fee and the fee is non-negotiable. I am

responsible for paying cancellation fees at my next scheduled appointment. I will notify the owners at the next scheduled appointment if I am in need of a payment plan.

Cancellation Policy (Clinician)

_____ If the clinician needs to cancel your session due to an illness or emergency, we will notify you as soon as possible. If a cancellation is necessary for any reason other than illness (e.g., conference, vacation, etc.), you will be notified in advance and we will make our best efforts to reschedule your appointment if possible.

_____ Our staff will notify you with a phone call in the event that we must cancel your session due to inclement weather conditions. It should not be assumed that your session is canceled based upon school closings or early dismissals. Let's Talk *does not* follow the same closing procedures as the Easton public schools. If you are unsure as to whether or not Let's Talk is open, please call the office at (508) 230-8181. You can also follow our business page on Facebook for updates on closings due to weather.

Attendance Policy

_____ I understand that consistent attendance plays an important role in maintaining my child's progress in therapy and preventing regression of skills. As such, I agree to make my best effort to attend the scheduled sessions on a regular basis. I understand that sessions are scheduled for each client on the same day and time each week. I will only accept a time slot if I am able to attend that day/time on a weekly basis. I understand that Let's Talk does not offer appointments every-other-week or on a monthly basis.

_____ I acknowledge and agree to each of the following attendance policies:

- Clients who miss three (3) consecutive sessions (with the exception of serious illnesses or emergencies) will be notified that they are in jeopardy of losing their appointment slot, and it may be given to someone else.
- Clients who miss two (2) consecutive sessions *without* calling us 24 hours in advance to cancel the sessions (with the exception of serious illnesses or emergencies) *will be removed from their appointment slot and charged with cancellation fees for those sessions.*
- Clients who miss a total of three (3) consecutive *or* non-consecutive sessions *without* calling us 24 hours in advance to cancel the sessions (with the exception of serious illnesses or emergencies) *will be removed from their appointment slot and charged with cancellation fees for those sessions.*

_____ Please notify us in advance if you plan to go on a vacation and will be absent for two (2) or more weeks, so that efforts can be made to reschedule your appointments.

Late Arrivals

_____ If you are late to an appointment, the session will need to conclude at the usual time to allow the clinician to stay on schedule. If the clinician is running late for any reason, you will be given my full session time. Our staff regrets any inconvenience to your personal schedule and we will make our best efforts to maintain timeliness.

Holiday Closures

_____ The office will be closed for the following holidays:

- New Year's Day
- Presidents' Day
- Memorial Day
- Fourth of July
- Labor Day
- Thanksgiving and the Friday following
- Christmas Eve and Christmas Day

_____ Please do not assume that we are closed on days that your child may have off from school. We are open during many of the typical school holidays and vacations. If you are unsure if we will be open or closed during a particular holiday, please call us or check our website for more information.

Office Etiquette

_____ Upon arrival, please walk your child into the waiting room and check-in at the reception desk. Please stay with your child in the waiting room until a clinician comes to get you.

_____ We ask that you are respectful of the fact that therapy sessions may be in progress or clinicians may be on the phone. Please do not allow your child to walk/run up and down the hallway. Both parents and children are prohibited from entering the office area due to our need to maintain client confidentiality. We do not allow behaviors in our waiting room that may injure your child or others nor do we allow behaviors that might disturb the work of our staff. Please do not allow your child to climb or jump on chairs, throw toys, open/slam doors, or draw on the wall/toys/books. Please help us by cleaning up the toys in the waiting room when your child is done playing. We appreciate your assistance in maintaining a clean and comfortable waiting area for everyone. Clients are also prohibited from bringing food into the waiting room due to concerns with allergies.

_____ You may wait in the car or run an errand during your child's session; however, we ask that you return to pick-up your child at least 5 minutes prior to the end of his/her therapy session. We ask that you come into the office to get your child and to receive feedback on your child's session from the clinician. Clinicians *will not* walk your child outside to the parking lot.

Therapy Sessions

_____ Therapy sessions are 45 minutes in length for all clients. Parents will be called into the therapy room to speak with the clinician about the child's progress and homework during the last 5-7 minutes of the session. This is an important part of the treatment session, as your child's progress is contingent upon the practice and carryover that occurs in the home setting.

_____ If you have specific questions, issues, or concerns that you would like to address, please let the clinician know at the beginning of the session, so that the proper amount of time can be allotted to speak with you. If you do not notify the clinician at the start of the session that you are requesting additional time for questions, the clinician will have to address your questions at the next session. The clinicians appreciate your understanding and compliance in helping us to maintain timeliness for all of our scheduled appointments.

_____ If your child attends his/her session with another caregiver (e.g., grandparent, aunt, uncle, babysitter, etc.) the clinician will update them regarding your child's session only if there is a release of information signed. If parents are consistently unable to attend sessions, we are unable to make calls or send emails on a weekly basis to provide updates. You may pay a fee of \$25 for a 30-minute meeting or telephone conversation with your child's clinician during office hours to discuss your child's progress. This fee cannot be billed to insurance.

_____ We do not attend IFSP or IEP meetings or develop IFSP or IEP goals for families. We will speak with your child's Early Intervention or school-based speech-language pathologist on the phone or via email given your written authorization. If you ask us to write in a communication book with a school-based speech-language pathologist we will do so during your child's appointment time. If you would like a progress report due to a transition within the school or an appointment with a related professional, please allow the clinician at least two (2) weeks' notice. We require a \$25 fee for progress reports; this fee cannot be billed to insurance. Payment must be rendered upon receipt of the progress report.

Termination of Therapy

_____ The following reasons may be cause to terminate our client contract:

- Behavior of a client (e.g., repeated tantrums, refusing to engage in therapy, refusing to follow directions or recommendations, verbal abuse, etc.). We anticipate and understand that all clients have "bad days," however if the behavior is ongoing we may recommend a change in clinician. If the behaviors continue to persist after that point despite a variety of strategies implemented by the clinician(s), you will be referred to another facility.
- Behavior of a parent/guardian.
- Non-compliance with our attendance policy.

- Repeatedly not paying an account. You will receive a warning when there is an outstanding account balance with multiple payments due. *If we do not receive your payment within 2-weeks upon receipt of that warning, therapy will be placed on hold until payments are rendered in full.* Your child may lose his/her appointment slot and be placed on a waiting list at that time. Continued non-payments will result in termination of services.
- Engaging in behavior that breaches trust such as withholding pertinent information about the case history or asking us to alter our data or diagnosis.

_____If you need to terminate therapy for any reason, we ask that you give us written notice a minimum of two (2) sessions in advance. This will allow us adequate time to wrap-up therapy and complete consultation with you. A therapy termination form will be provided for you to complete.

_____Let's Talk Speech & Language Therapy Services, LLC, reserves the right to cancel or amend this contract, or any part therein without negating the remainder of the contract. Clients will be notified, in writing, of any changes or cancellation of this contract.

I have read and accept the terms of this contract.

Signed this _____ day of _____.

 Amy Certuse, MS, CCC-SLP
 Co-owner
 Let's Talk Speech & Language
 Therapy Center, LLC

 Client/Parent/Guardian

 Lindsey Doyle, MA, CCC-SLP
 Co-owner
 Let's Talk Speech & Language
 Therapy Center, LLC