

## **Bauer Speech-Language Therapy, LLC**

### **Policies and Procedures**

#### **Therapy Payment Policy:**

Please initial next to one of the following options:

\_\_\_\_\_ I would like to pay for services **one session at a time**. I understand that payment will be due at the time of each therapy session at the rate of: \$40 for 30-minute sessions, \$60 for 45-minute sessions, or \$80 for 60-minute sessions. I also understand that these payments may not be reimbursed by my insurance and it is my responsibility to seek reimbursement.

\_\_\_\_\_ I would like to pay for services in **monthly increments**. I understand that payment will be due at the first session of each month and will total all scheduled sessions for the month at the rate of: \$40 for 30-minute sessions, \$60 for 45-minute sessions, or \$80 for 60-minute sessions. I understand that my total will vary depending on length and frequency of scheduled sessions. I also understand that these payments may not be reimbursed by my insurance and it is my responsibility to seek reimbursement.

#### **Assessment Payment Policy:**

Each assessment will be billed based on the amount of time it takes to complete and will be billed at the rate of \$40 per half hour. The payment for each assessment is due at the end of the session.

Full reports of assessment results are available. Please initial next to one of the following options:

\_\_\_\_\_ I would like to be given an oral report of the assessment results only. I understand that this oral report will be given at no additional fee.

\_\_\_\_\_ I would like to be given a written report of the assessment results. I understand that this written report will cost an additional \$100, and that this fee may not be reimbursed by my insurance. I also understand that a written report is necessary if I want to seek reimbursement from my insurance company.

**Attendance and Cancellation Policies:**

When possible, please provide notice of cancellation at least 24 hours prior to your appointment via email ([jennifer@bauertherapy.com](mailto:jennifer@bauertherapy.com)) or phone (970-590-6206). In cases of emergency, please provide at least an hour notice. **All no show appointments will be charged the full therapy fee.**

My signature below implies that I have read and I understand all of the policies and procedures associated with Bauer Speech-Language Therapy, LLC, and I understand that I am responsible for all payments associated with my child's speech-language therapy services.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date