



POLICIES

Welcome to Pacific Speech and Language! Please read and sign the following. If you have any questions, please ask before you sign.

General Policies

When you arrive, please wait in the waiting area with your child, siblings, and visitors until called for your child's session. For most children, it is preferable that parents stay in the waiting room with siblings, as they can be distracting to the child receiving treatment. However, if it works for your child's program, we may decide to have you and the sibling attend for at least part of the session.

During your child's session, you may observe the session, relax in the waiting room, or run some errands. Even if you have to interrupt the session to do so, please notify us if you are leaving the building. We ask that you provide a number where you can be reached in an emergency. Please be aware that sessions are often scheduled back to back. If you return late to pick up your child, you may be charged for that portion of the hour.

Sessions are scheduled with 10 minutes between to allow for clean up, chart notes, and setup for the next session. All appointments begin at the agreed time. If you and your child arrive late for the appointment, the session will be billed at the regular rate starting from the scheduled appointment time.

If appropriate for your child, we ask that you provide an extra diaper or and/or a change of clothing in case of accidents. If you are present and your child needs a diaper change, clothing change or bathroom break, you will be asked to take your child to the restroom.

Cancellations/No-Shows

Your child's progress in treatment requires a regular commitment to your appointment time. Please do not schedule other appointments or activities at the same time as your child's appointment without first checking with us to see if we can reschedule you.

Please call to cancel if your child has any of the following symptoms:

- 1) persistent runny nose -- If your child has a minor cold, please call to discuss as early as possible prior to your child's appointment.
- 2) thick nasal discharge or mucous - this can signal infection
- 3) persistent cough
- 4) elevated temperature
- 5) sore throat or swollen glands
- 6) vomiting, diarrhea or upset stomach
- 7) unexplained or contagious rash or spots
- 8) head lice
- 9) unusual fatigue or generally not feeling well. This is a legitimate reason to cancel, as your child will not benefit from the session.

It is very important to call us if you are not sure whether to bring your child for the session. Working with a sick child poses a health risk to clinicians and other children. If your child arrives for the appointment with any of the above symptoms, he/she will not be seen and we will need to charge you for the session.

If you need to cancel an appointment, please call or email your clinician at least **24 hours** in advance. Please make sure you have your clinician's contact information. When 24 hours notice is given, canceled appointments may be rescheduled as time permits, but a make-up session cannot be guaranteed.

Cancellations are limited to 10 per year (5 per year if your child is seen every other week) with a maximum of 3 cancellations within a 30-day period. After your allotment of cancellations is reached, you will either be charged for future cancellations or your child's slot will be given up to a child on the wait list.

Appointments that are canceled with less than 24 hours notice will be billed a late cancellation fee of **\$60.00**. "No-shows" will be charged at the rate of **\$120 per 50 minutes**. Due to the scheduling disruption that results, late cancellation fees and no-show fees will be automatically charged to you and these appointments cannot be rescheduled.

Payments

Fees for speech-language pathology services with Pacific Speech and Language are as follows:

- Treatment sessions: \$120.00 per session
- Meetings/consultations with parent and/or team: \$120.00 per 50 minutes, plus travel fee as applicable. You will be notified of upcoming meetings and your charge ahead of time.

- Telephone consultations with parent: \$120.00 per 50 minutes, after the first 15 minutes
- Evaluations: \$240.00, includes analysis and written report
- Progress reports requested by you: \$120.00 per report.

If your insurance denies payment, you will be granted a 15% private pay discount. Private pay discount does not apply to copays, coinsurance payments, or fees that are not billable to insurance (e.g., meetings, phone consultations, reports, cancellation/no-show fees). You may pay by cash or check. Rates are subject to change upon two weeks written notice.

As a courtesy to you, Pacific Speech and Language will bill any insurance company with the exception of Medicaid/DSHS. We are contracted providers with Premera Blue Cross, Regence Blue Shield, Aetna, First Choice, and Uniform Medical Plan. If insurance denies payment, our billing staff will attempt to resolve the issue. However, you are ultimately responsible for any bills that are denied by your insurance company for any reason, including if services are determined to be “not medically necessary.” Even if services are initially approved or paid by your insurance company, they have the right to take back those payments. This may occur retroactively, even up to several years after the services were provided and paid. This may result in a large accrued balance, for which you are ultimately responsible.

Copays are due from you at the time of service. Deductibles and coinsurances will be billed to you after payment is received from your insurance.

Checks returned for insufficient funds will incur an additional charge of \$25. Overdue bills past 30 days of date of invoice shall incur a late fee of 1% of the total charge per month, \$1.00 minimum. Overdue bills may be sent to collections with added costs as allowable by law.

The above policies become effective as of the date of signature below. These policies supersede any previous policies, both verbal and written.

Please return this entire document to us with your signature. We will give you a copy for your records.

I have read and agree to the above policies.

Signature of Parent or Legal Guardian _____
 Relationship to Child _____
 Date _____
 Child's Name _____ Child's DOB _____