



## THErapy CONTRACT, POLICIES & FINANCIAL AGREEMENT

I, \_\_\_\_\_, hereby give my full consent for my child, \_\_\_\_\_, or myself, to receive speech and language therapy and treatment provided by Lori A. Gross, Speech and Language Pathologist, until I notify Ms. Gross of any changes or until Ms. Gross determines that services are no longer necessary. If I am referring my child for services, I certify that I have legal responsibility for this child and am authorized to seek treatment for him or her.

I am consenting to have all/some of the services listed below rendered to my child or me:

- + Speech and language therapy evaluation and treatment
- + Caregiver education and consultation
- + Consultation with other health care professionals
- + Consultation with school administration, teachers and support staff
- + Off-site observation and treatment
- + On-site co-treatment therapy

I agree to pay for these services as described below:

- + Payment will be made by check or cash prior to or at the time of service. Fees for clinic services are as follows:
  - \$155-\$800 for initial evaluation/consultation/off-site observation
  - \$150 per 45-minute therapy session
- + In order to avoid a charge, cancellations must be made by 5:00pm the previous day. Unfortunately we will need to bill cancellations without advance notice a fee of \$100 due at the time of your child's next session. We do understand that events may occur that are beyond your control and that your child may occasionally be unable to attend an appointment. Therefore we extend a one-time no-cancellation-fee policy.
- + You may terminate services at any time and for any reason in person, by phone, email or letter. After three consecutive no-shows, termination may be warranted. Therapists at Thera+Kids also reserve the right to terminate services if the therapy schedule is deemed to be ineffective at producing positive outcomes in a reasonable amount of time, or if the client's financial obligations are not met.
- + Ms. Gross cannot guarantee reimbursement for Speech and Language services from any insurance carrier. You (the client) are responsible for payment, however, that does not mean that your insurance provider will not cover a portion, or all of the therapy fees. You may be eligible for out-of-network coverage. Please contact your insurance carrier to determine eligibility for Speech-Language Therapy and/or Evaluation reimbursement. You will receive an invoice with the service codes and ICD-10 codes necessary to submit claims. Should your insurance company require additional documentation to justify and/or extend services we will be happy to do so.

- + A call made on the client's behalf, which exceeds 10 minutes will be billed at \$20 per hour.
- + I authorize Ms. Gross to discuss and/or release any necessary information to my insurance company to process insurance claims and ensure continuity of care.

Ms. Gross has informed me that questions and/or complaints may be submitted to the Texas Department of Licensing & Regulations at [www.tdlr.texas.gov](http://www.tdlr.texas.gov).

---

Parent/Guardian Signature

---

Date