

Client Contract



Thank you for choosing Sprout Speech Therapy, LLC as your provider of speech and language therapy services. Below is the Client Contract. Please read and sign each section where applicable.

All speech therapy consultations, evaluations, and therapy services are provided by Mary Richardson M.A., CCC-SLP, an Indiana licensed and ASHA-certified (Certificate of Clinical Competence) Speech-Language Pathologist and owner of Sprout Speech Therapy, LLC.

Sprout Speech Therapy, LLC is located at 421 E Cook Rd Ste 200, Fort Wayne, IN 46825.

Financial Responsibility/Payment Terms

INSURANCE CO-PAYMENTS, DEDUCTIBLES, AND NON-COVERED SERVICE

Sprout Speech Therapy, LLC is in-network with Anthem Blue Cross Blue Shield private insurance plans. Medicaid and all other insurances are considered out-of-network and are subject to self-pay pricing.

A referral may be required from your family physician before your initial assessment to fulfill insurance requirements. Please check with your insurance provider for clarification on referral requirements.

If your healthcare insurance payor does not cover speech therapy services, you are welcome to make self-pay/private pay arrangements for the usual and customary pricing of services as listed below.

Private insurance companies may have limits on the amount of speech therapy services covered. Once you have exceeded the financial limit of your benefits and you do not have additional healthcare coverage, you are responsible for the full payment of your child's services.

Additionally, private healthcare insurance payors have deductibles and copayments for speech therapy services that are the responsibility of the patient.

Copays/coinsurance payments are due at time of service.

Self-Pay/Private Pay Pricing and Options

Any client is welcome to use the self-pay/private pay option in lieu of using insurance plans. Forms of payment accepted are cash, check, or credit/debit card (checks made payable to: Sprout Speech Therapy). Private pay pricing also applies to HSA's. Private pay pricing is as follows. Evaluation pricing includes a comprehensive report and recommendations:

Speech and Language Evaluation: \$150

30 minute speech therapy session: \$75

Autism Evaluation: \$800

IEP Consultations: \$140/hour

Payments for evaluation and therapy services are due at the end of each appointment. Failure to pay invoices in a timely manner may result in cancellation of services.

Rates of evaluations and therapy are subject to change without notice.

Attendance, Illness, and Cancellation Policy

If late to an appointment, the missed time will be subtracted from the session. For example, if late by 5 minutes, the therapy session will be 25 minutes instead of 30. The full payment amount for a 30-minute session still applies.

Please do your best to notify Mary of session cancellations at least 12 hours prior to your appointment. If you have special circumstances that may prevent this, please let Mary know at your initial evaluation.

- **No shows or cancellations made 1 hour or less before the scheduled session will be billed the full \$75.00 session fee**
- **Same day cancellations will be billed a \$35.00 fee**

Rescheduling is highly encouraged.

In the event of three (3) or more cancellations or no shows over a 4-week period, Sprout Speech Therapy, LLC reserves the right to discontinue your child's speech therapy services. This will be discussed with the child's parent/guardian and will be made on a case-by-case basis.

ILLNESS POLICY: Please do not bring your child for therapy if they are sick. Children may not receive services if they have:

- **fever of 100.5 or greater**
- **pink eye**
- **vomiting**
- **diarrhea**
- **symptoms of COVID-19**
- **they or another household member is quarantined due to COVID-19**
- **have other highly contagious viruses and/or diseases.**

In the event of illness, virtual sessions are highly encouraged if you feel your child can participate.

As a courtesy, we ask that siblings who are not receiving speech therapy services remain in the waiting area supervised by an adult. Please be respectful of other professionals who are in the building.

RELEASE OF LIABILITY

To the fullest extent permitted by law, I hereby release Sprout Speech Therapy, LLC from any claims or damages of any kind or nature, known or unknown, suspected, or unsuspected, disclosed, or undisclosed related from the client participating in the speech therapy evaluation and/or therapy session. This release is binding to me and my heirs, executors, agents, administrators and assigns.

CONSENT TO TREAT

I voluntarily consent to all treatment recommendations made by Sprout Speech Therapy, LLC, and its clinicians.

I have read and accept the terms of this contract.

Client/Parent/Guardian Signature

Date: _____