



AGREEMENT

Attendance

Treatment sessions are most effective when conducted on a weekly basis. Regular attendance at treatment sessions is critical for your child’s progress.

48-Hour Cancellation

Clients will provide 48 hours prior notice in the event of a cancellation. Appointments not cancelled 48 hours prior to the session time are billed at the full session rate.

Fee Structure and Payment

Each speech-language treatment session is billed at \$125 per hour (45 minutes for direct treatment, 15 minutes for preparation and documentation). Session fee is not prorated based on length of session. Families receive a monthly invoice for on-going therapy services. Payment is due within 7 days of receipt of the invoice.

Evaluation sessions are up to 90 minutes in length and are billed at \$325. If additional testing is required, it is billed in 15-minute increments based on the \$125 hourly rate. An in-depth written report with detailed evaluation results and specific recommendations for treatment is provided. Data analysis and report generation typically requires 4 or more hours.

School visits and consultative visits with other professionals are billed at \$125 per visit, up to one hour. If the visit or consult time is longer than one hour, additional time is billed in 15-minute increments based on the \$115 hourly rate. School visits, when not part of direct treatment with the child, are not reimbursed by insurance. Consult visits with other professionals are not reimbursed by insurance.

Written reports, aside from evaluation reports, are billed in 15-minute increments based on the \$125 hourly rate and are not reimbursed by insurance.

Cash, checks, and bank transfers through Venmo are the only accepted forms of payment.

Insurance

Jo Workinger, MS, CCC-SLP is not paneled with any insurance companies. Families may submit invoices for evaluation and treatment to insurance for reimbursement.

Liability

The clinician signed below is released from any injury or harm that may occur while working with your child. During the treatment session, a parent/caregiver will be present either in the treatment session or in the home. Treatment will not be delivered and/or will be terminated should the caregiver exit the home at any point during the service.

Legal Guardian Signature: _____ Date: _____

Legal Guardian Printed Name: _____ Child: _____

Clinician Signature: _____ Date: _____