

NAME OF CLIENT: _____
GENERAL POLICIES AND PROCEDURES

**PENINSULA ASSOCIATES IS COMMITTED TO PROVIDING
THE HIGHEST QUALITY SPEECH, LANGUAGE AND LEARNING SERVICES
FOR OUR CLIENTS, COLLEAGUES AND COMMUNITY.**

FEE SCHEDULE AND PAYMENTS _____ (initials)

Peninsula Associates' fees are summarized on the attached sheet. PA clients are invoiced monthly and have three payment options: debit card auto-pay, credit card auto-pay, or payment by check/cash. Please read, sign and submit PA's BILLING-PAYMENT POLICY AND PROCEDURES form.

Upon parent request, Peninsula Associates may provide support services for Assistive Technology (AT) and/or Augmentative and Alternative Communication (AAC) in the home and/or community. These AT/AAC services are not required to be offered by the school district and are the financial responsibility of PA clients.

CONSULTATIONS AND EVALUATIONS _____ (initials)

A CONSULTATION is usually a one-visit appointment in which verbal feedback is provided and a chart note is completed. Consult sessions are billed according to PA's fee schedule at the end of the billing cycle and payment is due within 30 days.

An EVALUATION is a more in-depth assessment of speech, language, oral function/swallowing, and communication and involves an extended appointment or several sessions. Verbal feedback is given AND a formal Evaluation Report is written and sent within two weeks. An invoice is sent at the end of the billing cycle and payment is due within 30 days.

TREATMENT AND REPORTS _____ (initials)

Each scheduled TREATMENT session includes: direct therapy, documentation time and parent/client communication (e.g. on-site conversations, phone calls, emails, etc.). For example, a typical 30-minute therapy session breaks down to 20 minutes of direct treatment, 5 minutes of parent/client discussion and feedback, and 5 minutes of documentation. Longer sessions are broken down in a similar fashion. We consider all of these components crucial to the treatment process for obtaining the best results.

Monthly therapy INVOICES are sent by the end of the month. The billing cycle includes dates from the 16th of one month to the 15th of the following month. FULL payment is due within 30 days. Payment problems (e.g. returned checks, insufficient funds) will result in therapy being discontinued until the account is current.

OFF-SITE CONSULTATIONS AND TREATMENT are billed at a separate rate and include direct treatment, documentation time, and travel time to and from the clinician's home office. Please see the PA fee schedule for specific rates.

WRITTEN REPORT FEES include time required to: score tests and analyze data, summarize findings, formulate a diagnosis and recommendations and write the report. **A written Progress Report is required for all clients at the completion of treatment and will be listed on the final invoice.**

ATTENDANCE AND CANCELLATIONS

_____ (initials)

Regular ATTENDANCE is essential for effective treatment. If a session must be cancelled for ANY reason, including illness or injury, clients must provide 24 hours notice to avoid being charged for the session. Messages may be left via voicemail or email 24 hours/day, 7 days/week.

Children/clients with INFECTIOUS illnesses should not be brought into the clinic until symptoms (e.g. fever, green discharge, vomiting, lice) have subsided for a minimum of 48 hours. If a child arrives for his/her session and continues to show symptoms, he/she will be sent home and the full session fee will be charged.

The full fee will be billed for a NO-SHOW appointment; that is if a client does not notify us 24 hours prior to the scheduled therapy session. Two (2) consecutive no-shows or four (4) no-shows in a 4-month period, will result in therapy being discontinued.

No cancellation fee will be charted for sessions cancelled 24 hours prior to the appointment. Four (4) cancellations in a 4-month period will result in therapy being discontinued.

Clinicians must begin and end therapy sessions as SCHEDULED in order to stay on-time throughout the day. Late arrivals for a session will be charged in full and the session must conclude as scheduled. Please notify your clinician of any delays.

INSURANCE

_____ (initials)

HEALTH INSURANCE may partially cover speech-language evaluation and therapy fees. Clients should consult their benefits administrator to determine coverage and clarify policy requirements. Peninsula Associates does not bill or accept direct payments from insurance carriers – our clients pay all invoices monthly. Many Peninsula Associates clients submit insurance claims for PERSONAL REIMBURSEMENT. We have designed our invoices to expedite these claims and often provide additional information (e.g., chart notes) required by insurance carriers. If an insurance company pays Peninsula Associates directly, we endorse and mail the check to the client. Clients are responsible for keeping all accounts current, despite pending insurance reimbursement.

Signature: _____

Date: _____

Printed Name: _____

Relationship to client: _____