



Billing Information

Thank you for contacting us to make a speech-language pathology appointment. Below you will find information regarding our billing policies. **Please review in detail and return this form at, or before, your next appointment.**

Evaluation	This includes the time involved in reviewing background information, completing an evaluation, scoring tests, writing evaluation report. If further sessions are needed to complete the evaluation, sessions will be billed at regular therapy rate	\$220/session
Individual Therapy	This includes the time involved in therapy contact, and documentation.	\$90 for sessions up to 40 minutes contact time; \$120 for sessions between 41-55 minutes contact time*
Group Therapy	This includes the time involved in therapy contact, and documentation.	\$50 for sessions up to 40 minutes contact time; \$80 for sessions between 41-55 minutes contact time*
Cancellation Fee	Due only if session is cancelled with less than 24 hours notice.	\$25**
No Show Fee	If you do not cancel or show up for a session.	\$50**

***10% discount applies if paying out of pocket at time of session; longer sessions only available to those paying out of pocket at this time.
Cannot be billed to insurance. Client Responsibility.

CSL currently has a contract with Premera, Regence and Aetna. For those clients with these insurances, your insurance company will be billed directly. **It is your responsibility to obtain a physician referral, if necessary.** You will be responsible for co-payments. Fees can be paid by cash or check made out to Childhood Speech & Language. The fees will be due when billed.

You will be responsible for payment of all services once your insurance coverage has run-out, or for any denied claims due to non-coverage. **It is your responsibility to seek information regarding your policy and any limitations on coverage. If your insurance company fails to reimburse for services after 60 days, you WILL be responsible to pay for services. Should they eventually pay, you will be reimbursed.**

Signature _____

Date _____