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Speech-Language Pathologist, Board Certified Specialist-Fluency
www.hopeforstuttering.com

Policies and Guidelines Agreement

Welcome to Hope for Stuttering! I look forward to working with you.

Sessions:

- 1:1 therapy sessions are 50 minutes. Group weekly therapy sessions are 60 minutes. Sessions are held at your scheduled time. If you arrive late, the session will still end at the scheduled time and be charged the full rate.

Commitment/Scheduling:

- Consistent attendance is imperative to the therapy process. **24-hour notice is required for any cancellation. Clients will be charged the full session fee if a session is cancelled less than 24-hours in advance or for not showing up for your scheduled session**. **Continued late cancels and no shows may result in being removed as a client.**

Billing and Insurance:

- Invoices are paid online via credit card through my secure online office management system. Payments are due on the date of service. If more than two invoices are outstanding, you will be taken off of the active therapy schedule.
- Insurance reimbursement may be possible if you have out-of-network coverage under your policy. Contact your insurance company regarding your plan's benefits. Invoices with insurance coding will be provided which you can submit to your insurance company.
- If you are participating in online stuttering therapy sessions and plan to submit your receipts to insurance, you must call your insurance company and ask what the additional CPT code for "teletherapy" or online sessions is. Each plan/state/company is different. I use CPT code 92507 and GT as the additional code. If you find you require a different teletherapy code from GT, share this code with me once you have obtained it.
- I do not participate with insurance which means that all reports, session notes, etc. that your insurance company might request will be sent to you so you can send this information to them and communicate with them. The session fee rate is charged for all report preparation you request for your insurance.

- If a school or another organization plans to pay for your treatment, you still must pay me directly and they must reimburse you directly. I do not receive payment from school districts or work as a contractor for them.

Your signature below indicates that you have read this agreement and agree to its terms.

Client Name _____

Signature of client/parent or guardian _____

Date _____