

Client Contract

Thank you for selecting Pediatric Therapy of Riverside to support your child's speech and language goals! The following contract identifies the expectations and duties of the speech-language pathologist and client for services to be provided.

Notification of Legal and Privacy Policies

Speech-language and reading therapy services are provided by Bridget Beck, MS, CCC-SLP, a Florida licensed and ASHA certified speech-language pathologist. All client information will be kept confidential and stored in a secure location away from public access. Evaluation reports, progress reports, therapy goals and therapy plans will be sent to outside sources (i.e., doctor's offices, schools, scholarship providers) in a private manner, if applicable. Pediatric Therapy of Riverside will not be held responsible for any claims or damages of any kind, for injury to any person or persons, and/or for any damages due to loss of property arising directly or indirectly out of participation in these therapy sessions.

Cancellations

We require cancellations to be made at least 24 hours prior to your scheduled appointment to avoid being charged the cancellation fee. No shows and cancellations made with less than 24-hour notice will be charged \$50 to the card on file. We understand that unexpected events such as illness do occur. We ask that you notify us as soon as possible in the event of an unexpected event requiring the cancellation of your session. Given the nature of the cancellation, we may waive the cancellation fee at our discretion. We will do our best to offer teletherapy sessions for any cancellations of in-person sessions due to inclement weather, illness, or COVID-19. Patients that are more than 15 minutes late for a therapy session start time will be considered a no show and be billed the cancellation fee to their credit card on file. In the event of consistent poor/missed attendance, client services may be subject to termination at the discretion of your therapist. If your therapist is unable to keep a therapy appointment for any reason, she will notify you as soon as possible and will schedule a make-up appointment as convenient to the client.

Sessions

Pediatric Therapy of Riverside will provide an initial evaluation during a child's first therapy session. Parents can provide their child's school, hospital, and/or previous private practice evaluation report as a means of generating speech goals if available. If the evaluation report is dated over one year ago, the speech-language pathologist will recommend re-evaluation to obtain an updated account of the client's ability level. An updated evaluation is needed to establish goals and provide individualized therapy. Services will be administered in 30-, 45-, or 60-minute sessions. Session length will be tailored to best serve the needs of your child. Outpatient clients should arrive five minutes before their scheduled therapy time. Parent education will be provided during the final five minutes of scheduled therapy time. The speech-language pathologist will provide a summary of therapy activities and suggestions for carryover of strategies to the home environment. Carryover of therapeutic strategies to the child's natural environment is essential to achieving his/her goals.

Financial Policy

- Rate of speech-only evaluation, including report: \$200
- Rate of speech and language evaluation, including report: \$300
- Rate of reading evaluation, including report: \$300
- Rate of therapy: \$60 per 30-minute session
- Rate of consultation: \$60 per 30-minute session

Clients are responsible for all evaluation and therapy fees and any open balances at the time of service. Pediatric Therapy of Riverside accepts all major credit/debit cards, including HSA and FSA cards, for payment. Pediatric Therapy of Riverside also accepts reimbursement for evaluation and therapy services through the Gardiner Scholarship at standard rates. Payment will be processed on the day of service to the credit card on file. You are responsible for notifying Pediatric Therapy of Riverside prior to your appointment if you need to update the card on file or need to arrange for a different payment method. If a charge is declined, you will be notified and payment will be due immediately. Payments are considered delinquent 30 days after the time of service are subject to an additional fee of 5% for every 15 days overdue. Please be aware that unpaid balances greater than 90 days may be referred to a collection agency.

The client is solely responsible for submitting all claims to their insurance company, should one wish to receive reimbursement for any services rendered by Pediatric Therapy of Riverside. Pediatric Therapy of Riverside will not directly communicate with the client's insurance company but will provide clients with whatever information the insurance company requires (i.e. receipts, assessment reports, therapeutic goals). Any request for documentation or additional information by the insurance company is subject to additional fees billed at the rate of \$120/hour. Pediatric Therapy of Riverside will obtain consent before performing these extra services.

I _____ hereby consent for Pediatric Therapy of Riverside, to provide speech-language therapy for: _____, D.O.B. ____ / ____ / ____.

Pediatric Therapy of Riverside reserves the right to cancel or amend this contract, or any part therein without negating the remainder of the contract. Clients will be notified, in writing, of any changes or cancellation of this contract.

I read, understand, and agree to the policies outlined above. This is the agreement in its entirety, and no promises outside of the agreement made on or before the effective date will be binding upon the parties. I understand that this agreement may be terminated by either party, in writing, at any time.

Parent Signature: _____ Date: _____

Speech-Language Pathologist Signature: _____