



## Adult Policy and Fee Information

Sharon E. Sokolik and Associates, LLC is excited about having the opportunity to provide speech/language therapy or social thinking support services for you. We look forward to working with you and creating the best treatment plan and therapeutic goals to help you reach your true potential. We would be happy to answer any specific questions that arise about treatment or billing.

Please refer to this information provided below regarding policies for billing and cancellations.

### Billing for Diagnostic Evaluation

Payment for evaluation will be required at the completion of the evaluation. The enclosed Acknowledgment must be returned with a completed Case History Form and Permission to Communicate Form prior to your scheduled appointment. No written reports will be provided without full payment.

### Billing for Therapy Services

An itemized bill reflecting the dates of session received, procedural code and a diagnostic code will be provided at the end of each month. An emailed version will be sent to you unless you notify us that you would prefer a paper copy. Please let us know which one you would prefer. Payment can be made by check or by credit card through either PayPal or Venmo.

Payment of your fee is due in full by the fifteenth of the month. A late charge of \$15.00 will be imposed if payment in full is not received by the thirtieth of the month following rendering of services. Services will be put on hold if full payment is not received by the 30th of each month. This policy will be enforced.

### Other Charges

We cannot provide quality services without some consultation and written accountability of our efforts. Consultation with professionals such as physicians or teachers, and additional written reports of and progress notes will be billed at our hourly rate. Phone consultations in excess of 30 minutes will be considered professional consultation and could be charged at our hourly rate.

### Cancellation Policy

Once a therapy schedule has been set, that time is being reserved for you. If you must cancel an appointment, we require at least 4 hours notice. The speech-language pathologist must have received the message before your session or it will be considered a broken appointment. If you must cancel a morning appointment, please call the speech-language pathologist the day before or before 8:00 a.m. Scheduled appointments that are missed without required will be billed as a full session.

### Insurance Policy

Some medical insurance policies will cover our services. We highly recommend that you check with your provider. You may need to submit a copy of the itemized statement that you receive from us at the end of each month. This invoice will have a diagnostic code, procedural code and our NPI number. If you need additional information, please let us know. A letter from a physician stating the medical necessity of the

referral and the medical diagnostic code may also be needed. Please note that we require payment from you when you are billed. You may later receive reimbursement from your insurance company. We are happy to send requested information to your insurance company to help with reimbursements.

### **Rates and Fees**

#### Speech and Language Therapy

- 30 minutes billed at \$90.00
- 45 minutes billed at \$130.00
- 60 minutes billed at \$160.00

#### Social Thinking Groups

- Each Session billed at \$60.00 \*Confirmation of attendance is required. A fee will be charged if your child does not come to a confirmed session.
- Adventures/Events are billed based on activity and location but are generally \$65.

#### Evaluations

- Speech Only Evaluation (Articulation, Oral Motor, Voice, Fluency): \$325.00
- Speech Only Screening (Without written report): \$50.00
- Speech Only Screening (With written report): \$75.00
- Speech & Language Complete Evaluation With Written Report : \$850.00

#### Other Fees

- Consultation, Conferences, Advocacy: \$75.00 / 30 minutes
- School Observations: \$150.00 / hour
- Telephone Consultation for 30 minutes: \$75.00
- Telephone Consultation Over 30 minutes (considered Professional Consultation): \$150.00/hour
- Late charge is billed if payment is not received by the 30th day of the month following rendered services  
late fee will be applied and all services will be placed on hold until payment is received: \$15.00



## Acknowledgement Form

I, \_\_\_\_\_, have read the fee schedule, billing information and the cancellation policies provided to me by Sharon E. Sokolik and Associates, LLC. I understand those policies and agree to abide by them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_

## Permission to Exchange Information

I hereby give representatives of Sharon E. Sokolik and Associates, LLC permission to discuss my speech-language, psycho-educational evaluation and overall needs with the following professionals:

### Professional 1

Contact Name: \_\_\_\_\_ Professional Role: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_

### Professional 2

Contact Name: \_\_\_\_\_ Professional Role: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_

### Professional 3

Contact Name: \_\_\_\_\_ Professional Role: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_