

SPEECH LANGUAGE AND BEYOND, LLC



"Taking speech and language skills over and beyond"

Client: _____

DOB: _____

Private Pay Terms and Conditions:

Payment Schedule:

Evaluation: \$145.00 (not to exceed 60 minutes)

Speech Therapy Session: \$65.00 per session (no session will exceed 30 minutes)

Screenings: \$45.00

Payment Plans:

Payment at the time of Service

Monthly-Pay up plan: Pay for therapy sessions a month a head of time, which is due at the beginning of each month. (Can switch to payment at the time of service when discussed with Speech Language and Beyond, LLC in advance)

I, _____ acknowledge the payment plan I have chosen and will honor it. I understand that lack of payment will cause services to terminate. I also acknowledge that excessive cancellations will result in termination of services and that **I will be charged for the therapy session, if cancellations aren't made within 4 hours of the scheduled appointment.** **Payment is accepted in the form of cash or money orders only.**

I also acknowledge that if my child becomes eligible for Traditional Medicaid, Peach State Health Plan, WellCare, Blue Cross Blue Shield of GA, or United Healthcare or Optum Health plans I can use this insurance coverage to cover the cost of services by notifying Speech Language and Beyond, LLC in a timely manner. This could possibly result in a short interruption of services until insurance information is properly confirmed and verified.

Parent/Guardian: _____

Date: _____

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