

GOEPFERT SPEECH ASSOCIATES, LLC

Diagnostic and Therapeutic Services for Children and Adults

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TREATMENT CONTRACT

Welcome! The following information is being provided to facilitate a clear understanding of the client – therapist relationship and to enhance our goals for successful and effective intervention services. Please read the document thoroughly, sign and return. We will be happy to discuss any questions during your session.

- 1.) **CONFIDENTIALITY:** All information obtained during the course of our relationship is fully confidential. Any information you wish to have shared with other professionals or individuals will be provided only if you have signed consent and confidentiality forms to release the information.
- 2.) **TELEPHONE CALLS:** Please use primarily your therapist’s mobile phone number for schedule changes, cancellations, or to discuss any immediate concerns. However, the office phone number can also be used to leave messages.
- 3.) **LENGTH OF SESSION:** Speech/Language therapy sessions are typically scheduled at 45 minute intervals beginning at your appointed time and concluding 45 minutes later. Therefore, it is to your benefit to arrive a few minutes early. Since other appointments are scheduled immediately after yours, the session must end 45 minutes after your appointed time, regardless of your time of arrival (full session fee will be charged).
- 4.) **FEES AND PAYMENT:** Fees for therapy sessions are \$117.00. You are responsible for payment at the time of service unless arrangements have been made in advance for funding through an outside agency or insurance plan. Outstanding balances are sent for legal collection after 30 days, therefore adding a \$50.00 legal fee to the total balance due. A \$25.00 charge will be levied on all checks returned by a bank for insufficient funds.
- 5.) **INSURANCE:** Highmark Blue Shield and UPMC Health Plan are the only plans with which we participate and may be billed directly; some plans stipulate a percentage, co-payment or coinsurance payment. It is your responsibility to investigate the conditions of your insurance plans, as to whether speech therapy is a covered service, if co-payment is required, whether a deductible needs to be met first and the number of sessions covered per year.
- 6.) **CANCELLATIONS AND MISSED APPOINTMENTS:** When an appointment is scheduled, that time is reserved for you. If the appointment is missed or cancelled without sufficient notice, no time is allowed to schedule another patient. Therefore, sessions must be cancelled a minimum of 24 hours in advance, or the full fee for that session will be charged during this missed time. Please note that insurance does not cover missed appointments.
- 7.) **DISCHARGE:** Discharge from therapy is typically achieved when established goals are met, or at the time of transition to another service agency or school treatment program. Discharge planning needs to be discussed in advance, with a minimum of one week notice of permanent or temporary termination (e.g. vacation, scheduled absence).

We look forward to providing you with the highest quality speech therapy services possible. If you have any questions regarding these arrangements, please feel free to discuss them during your sessions.

This is to certify that I have read, understand and am in agreement with this document.

Patient/Parent/Guardian’s Signature _____ Date _____