Success & Self-esteem
Learning Speech Social Interaction
Language

Bayou City Speech & Language

5555 West Loop South, Suite 345
Bellaire, Texas 77401
(713) 628-5160

CONSENT FOR EVALUATION & TREATMENT and/or CLASS/CAMP PARTICIPATION

I, _____, consent to evaluation and treatment services for my child, _____, by Julie A. Roberts, M.S., CCC-SLP doing business for Bayou City Speech & Language.

I acknowledge that no guarantee has been made as to evaluation or treatment outcomes for my child and that I may terminate services with Bayou City Speech & Language at any time.

PAYMENT AGREEMENT

I, _____, accept and acknowledge full responsibility for prompt payment of all services rendered to _____ by Julie A. Roberts, M.S., CCC-SLP doing business for Bayou City Speech & Language.

I understand that fees for evaluations and therapy are due upon completion of services unless Julie Roberts is a provider for your insurance company. I understand that class/camp fees are due upon registration. I acknowledge that I have received a written explanation of the fee schedule, cancellation/no show and attendance policies and agree to the terms described. I understand that Bayou City Speech & Language reserves the right to discontinue services for non-payment of fees.

FEE SCHEDULE

Service	Professional Fee
Evaluation of Speech & Language (individualized by child's/adolescents needs, including Pragmatic language, Writing and Executive Functioning)	$450
Evaluation of Articulation (without language testing)	$250
Additional Specialized Testing	$160 per hour
Individual Speech & Language Therapy in Office	$120 per session
Individual Executive Function Therapy in Office	$120 per session
Individual Articulation Therapy in Office	$120 per session
Social-Emotional Learning Classes/Camps	$40 per class/must enroll for entire class period
Consultation (Face to Face or Phone)	$160 per hour

By signing this form, I acknowledge that I have read, understand & agree to the contents.

Parent/Guardian Signature _____ Date _____

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PRIVATE INSURANCE REIMBURSEMENT

I understand that I may request an insurance service superbill containing the necessary information to obtain reimbursement from a third-party payer/insurance company, but that payment to Bayou City Speech & Language is not contingent upon reimbursement from insurance. (Social-Emotional Learning classes and camps are not reimbursable by insurance, as they are enrichment classes, and not therapy.

I understand that it is my responsibility to request an insurance superbill at the time of service and that Bayou City Speech & Language does not provide service invoices retroactively.

I understand that Bayou City Speech & Language will provide an insurance service invoice authorizing reimbursement of benefits directly to the insured after the monthly balance for therapy services has been paid in full.

By signing this form, I acknowledge that I have read, understand & agree to the contents.

Parent/Guardian Signature _____ Date _____

TEXAS MEDICAID AND CHIP INSURANCE

I understand that it is my responsibility to validate that my child has insurance coverage each month PRIOR TO THAT MONTH'S SERVICES. I understand that if my child is no longer covered by the insurance company Bayou City Speech & Language is billing, I will notify Bayou City Speech & Language immediately.

By signing this form, I acknowledge that I have read, understand & agree to the contents.

Parent/Guardian Signature _____ Date _____

INSURANCE INFORMATION

Please check the appropriate box below:

☐ I have checked my member benefits and plan to submit for reimbursement for speech and language services

☐ I do not plan to submit for reimbursement for speech and language services

If you plan to submit for reimbursement for services, please provide the following information:

Insured's Name: _____

Insured's Address: _____

Relationship to Client: _____

Referring Physician: _____

Referring Physician's: Phone number: _____ Fax number: _____

Insurance Plan: _____ Insurance Plan #: _____

Group #: _____ Member #: _____

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CANCELLATIONS & NO SHOWS

Unless the clinic is billing a Medicaid program, all Evaluations and Therapy Appointments with Bayou City Speech & Language are prepaid, online, and must be rescheduled online no later than 24 hours prior to the child's session. The missed session must be rescheduled for the same week, if possible, online at http://BayouCitySLP.com.

Pragmatic Language Groups and Purposeful Play Clusters with Bayou City Speech & Language cannot be rescheduled due to the sequence of the classes, and missed sessions will not be refunded.

With the exception of clinic approved illness and emergency situations, all evaluation and therapy appointments that are not rescheduled no later than 24 hours prior to your child's session are subject to an automatic $25 late rescheduling fee.

ATTENDANCE

Consistent attendance is the foundation for helping a child make progress in therapy. It is the parent/guardian's responsibility to ensure that a child receiving services misses therapy sessions as infrequently as possible. If child misses more than 4 appointments within a 6-month period (with exception of pre-scheduled vacation), Bayou City Speech & Language reserves the right to discontinue treatment. The practice is closed for all major holidays, Wednesday – Friday of Thanksgiving, and the week between Christmas and the New Year.

By signing this form, I acknowledge that I have read, understand & agree to the contents.

Parent/Guardian Signature _____ Date _____

INCLEMENT WEATHER POLICY

If Houston Independent School District (HISD) is closed because of heavy rain, snow, flooding, or inclement weather conditions, Bayou City Speech & Language will be also be closed; you will be notified, and your child's session will be cancelled, and you may reschedule online.

If HISD opens late, all therapy sessions will resume at the time of the late opening. Any sessions scheduled during the morning prior to the late opening will be cancelled. All afternoon therapy sessions will operate on a regular schedule. If you would like to reschedule your child's therapy session, you may reschedule online.

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CONSENT FOR AUDIO/VIDEO RECORDING & PICTURE IMAGES

I _____, give consent to Bayou City Speech & Language to take audio/video recordings and/or picture images to aid in the evaluation/therapeutic process for my child, _____.

I understand that all images, videos, or audio recordings collected during my child's therapy sessions are used solely for clinical purposes and will remain confidential. Bayou City Speech & Language will not use video & audio recordings for any other purposes (i.e., education and training) without your written consent.

EXCHANGE OF INFORMATION

I give permission to Bayou City Speech & Language to exchange information about my child's therapy services via the following methods:

☐ Email _____

☐ Mobile Phone _____

☐ Home Phone _____

RELEASE OF INFORMATION

I _____, give Bayou City Speech & Language permission to consult & provide information about my child's evaluation results, treatment plan & ongoing progress in therapy with the following professionals:

Pediatrician: _____

Director of School: _____

Teacher(s): _____

Other: _____

I understand that this signed release is valid for the length of time that my child is receiving services from Bayou City Speech & Language unless a request for termination of this agreement is made in writing.

By signing this form, I acknowledge that I have read, understand & agree to the contents.

Parent/Guardian Signature _____ Date _____