

Pricing, Policies and Procedures

Therapy Payment Policy:

Please initial next to each item to demonstrate understanding of the therapy payment policies:

_____ I understand that therapy payment is **due at the first therapy session of each month for the previous month's sessions**.

_____ I understand that the cost of therapy is **\$50 per half an hour session, and \$100 per hour session**.

_____ I understand that all no-show appointments will be charged the **full therapy fee**.

_____ I understand that all appointment cancellations will be charged a **\$15 fee**. This fee is charged to keep your spot reserved on our schedule. Utah's Communication Connection has a large waiting list of clients desiring services.

Assessment Payment Policy:

Each assessment will be billed based on the amount of time it takes to complete. Assessments will be billed at the rate of \$50 per half hour and will be administered during the regularly scheduled therapy session time slot.

We also offer a report of the assessment results. Please initial next to one of the following options in order to select it:

_____ I would like to be given an oral report of the assessment results as well as a one page summary of the assessment results and individual goals. I understand that this report will not cost any additional fee.

_____ I would like to be given a full diagnostic assessment report. I understand that this diagnostic report will cost me an additional \$100. I also understand that if I am trying to seek reimbursement from my insurance company it is necessary for me to have a written assessment report to submit.

Additional Payment information:

If you fail to make therapy payments when they are due, we reserve the right to suspend or terminate services based on individual client circumstances. Please discuss any questions you have about payment or billing with us.

If an assessment session is ended and you do not have payment for it, we reserve the right to place future therapy sessions on hold until the payment for the assessment is received.

We are not participating providers for any insurance company and therefore the submission of invoices/claims is the responsibility of the client. We will provide you with the necessary bills, paperwork, and knowledge regarding how to submit your claims to your insurance company in order for you to obtain reimbursement.

However, please understand that you are fully responsible to pay for services up front whether or not your insurance provider will reimburse you. Please feel free to discuss with us any questions you may have.

Attendance and Cancellation Policies:

When possible, please provide us with at least 24 hours notice if an appointment will need to be cancelled. You can provide a cancellation notice either via e-mail (_____) or text (_____).

Even if you are unable to provide 24 hours notice, please let us know about appointments that need to be cancelled.

All cancelled appointments will be charged a \$15 fee. This fee is charged to keep your spot reserved on our schedule. All no-show appointments will be charged the full therapy fee.

If you fail to cancel an appointment and/or not show up at your scheduled appointment five times during the course of your child's treatment, the therapist reserves the right to terminate therapy services with you. The same will hold true for frequent cancellations. You will be billed for any outstanding balance.

Utah's Communication Connection has a large waiting list of individuals wanting to receive services. We would like to serve those individuals who are committed to attending and plan accordingly.

If you arrive late to an appointment, therapy will still end at the regular time and you will be responsible for the full session fee.

Other Children:

You are allowed to bring your other children to therapy with you as long as you are able to contain them in our observation room and keep them relatively quiet. If a problem arises you may be asked to leave your other children at home for future sessions.

My signature below implies that I have read and I understand all of the policies and procedures associated with Utah's Communication Connection and I understand that I am responsible for all payments associated with my child's speech therapy services.

Parent's Signature

Date

Case History Form

Person completing this form: _____ Date: _____

Relationship to child: _____

Insurance carrier: _____ Referral Source: _____

PATIENT INFORMATION

Child's name: _____ Date of Birth: _____

Address: _____

Male / Female Age: _____ Grade: _____

FAMILY INFORMATION

Mother's name: _____ Date of Birth: _____

Occupation: _____ Phone Number: _____

Address: _____

Father's name: _____ Date of Birth: _____

Occupation: _____ Phone Number: _____

Address: _____

Sibling(s):	_____	Age: _____
	_____	Age: _____
	_____	Age: _____
	_____	Age: _____
	_____	Age: _____
	_____	Age: _____

AREA OF CONCERN

Please describe the areas you are concerned with:

When was the problem first noticed? _____

By whom was the problem first noticed? _____

Has your child received any previous help for the areas of concern? YES / NO (If yes, please list the type of help, dates of service, and the name of the professional or agency involved.)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Name of your child's pediatrician: _____

Address of the pediatrician: _____

Are there any family members or relatives who have or have had speech, language, voice, hearing, reading or writing difficulties? YES / NO (If yes please provide additional information)

PREGNANCY AND BIRTH HISTORY

Please check all that apply

Type of Complication	1st Trimester	2nd Trimester	3rd Trimester
Infectious/communicable	_____	_____	_____
Fall	_____	_____	_____
Auto accident	_____	_____	_____
Blood pressure	_____	_____	_____
X-Rays	_____	_____	_____
Surgeries	_____	_____	_____
Miscarriages	_____	_____	_____
Anemia	_____	_____	_____
Overweight	_____	_____	_____
Spotting	_____	_____	_____
Edema	_____	_____	_____
Hemorrhage	_____	_____	_____
Toxemia	_____	_____	_____
Any Drugs	_____	_____	_____
Any alcohol	_____	_____	_____
Other	_____	_____	_____

Was the baby full term? _____ If not, how early/late? _____

What was the length of labor? _____ Induced? _____ Cesarean? _____

What type of anesthesia? _____ Were forceps used? _____

Baby's weight/length? _____

Were there any complications during delivery? YES / NO (If your answer is "yes" please provide further explanation) _____

Did the baby require oxygen? _____

Was he/she jaundiced? _____

Were there any complications immediately following the birth or during the first few weeks of life:

Difficulty Breathing___ Difficulty Sucking___ Difficulty Feeding___ Seizures___ Birth Defect___

Transfusions___ Extended Hospital Stay___ Jaundice___ Rubella___ Herpes___ Syphilis___

Sepsis___ Other (Please Specify) _____

Additional Comments:

LANGUAGE DEVELOPMENT

At what age did the following occur?

<i>Expressive and Receptive milestones</i>	<i>Age</i>	<i>Additional info/explanation</i>
Respond to own name	_____	_____
Followed simple directions	_____	_____
Recognized names of familiar objects	_____	_____
Pointed to eyes, nose, and mouth when named	_____	_____
Babbled	_____	_____
Said first word	_____	_____
Had a vocabulary of 10 words	_____	_____
Combined two-words	_____	_____
Talked in short sentences	_____	_____
Said full name	_____	_____
Verbally related events/experiences	_____	_____

At the present time:

Does your child follow directions correctly? YES / NO (If your answer is "no" please provide further explanation of what your child does in place of this behavior)

Does your child respond to questions appropriately? YES / NO (If your answer is "no" please provide further explanation of what your child does in place of this behavior)

Do you need to use gestures? YES / NO (If your answer is "yes" please provide further explanation of what your child does in place of this behavior)

Do you need to repeat? YES / NO (If your answer is "yes" please provide further explanation of what your child does in place of this behavior)

Do you need to speak in short sentences? YES / NO (If your answer is "yes" please provide further explanation of what your child does in place of this behavior)

How does your child communicate his/her wants and needs?

SPEECH DEVELOPMENT

How much of your child's speech do you understand?

10% 25% 50% 75% 100%

How much of your child's speech do unfamiliar listeners understand?

10% 25% 50% 75% 100%

Does a parent need to interpret for others? YES / NO (If your answer is "yes" please provide further explanation)

Does your child grope for words or use the wrong word? YES / NO (If your answer is "yes" please provide further explanation of his/her behavior)

Does your child repeat sounds or words previously heard? YES / NO (If your answer is "yes" please provide further explanation of his/her behavior)

Does your child's voice have a nasal or harsh quality? YES / NO (If your answer is "yes" please provide further explanation of his/her behavior)

Does your child seem to have adequate hearing? YES / NO (If your answer is "no" please provide further explanation of his/her behavior)

SOCIAL and BEHAVIORAL DEVELOPMENT

What is the average length of time your child can stay playing at one activity? _____

What activities seem to hold your child's attention for the shortest period of time?

What activities seem to hold your child's attention for the longest period of time?

What is/are your child's preferred play activities? _____

Does your child avoid any play activities? YES / NO (If your answer is "yes" please provide further explanation of his/her behavior)

Is your child toilet trained? YES / NO

MEDICAL HISTORY

Has your child's hearing ever been tested? YES / NO If so where? _____

When? _____ Results of test: _____

Please describe any serious illnesses, injuries or physical problems your child has experienced:

Does your child have any allergies? YES / NO (If your answer is "yes" please list all allergies)

Does your child take any medications? YES / NO (If your answer is "yes" please list all medications)

Has your child ever been hospitalized? YES / NO (If your answer is "yes" please provide further explanation)

EDUCATIONAL HISTORY

Name of school your child is attending? _____

Name of his/her present teacher(s)? _____

Grade: _____ Full time? YES / NO (If your answer is "no" please list any other school(s) or daycare he/she attends, as well as how often)

What are your child's best subjects? _____

Worst subjects? _____

Does your child receive services from school? YES / NO (If yes please provide how often and by whom)

Other pertinent information or comments:

*Please provide copies of any pertinent assessments, reports, and/or records prior to your child's first appointment. THANK YOU