



MorganHillSpeech

PEDIATRIC SPEECH LANGUAGE THERAPY
605 Tennant Avenue, Suite I, Morgan Hill, CA 95037
(408) 612 8877
www.morganhillsspeech.com

Explanation of Fees

If paying privately for services (i.e., we are not billing your insurance), you will receive a 15% discount for the treatment sessions only. The Initial Office Visit and Evaluations are at the stated amount.

Initial Office Visit - \$250

- Includes an informal (non-standardized) assessment and diagnostic therapy to determine what the child's speech and language needs and goals are.
- Consultation with the family
- A written summary of findings and proposed goals.

Often, this initial visit provides everything we need to know to create a therapy plan. If more formal and standardized assessments and measures are needed to obtain the desired diagnostic information, we may request an additional evaluation day to perform additional formal assessments. However, this is only by request and approval of the family members.

Formal Evaluations - see the description of fees below

Formal evaluations are comprehensive evaluations using standardized equipment and assessments that compare the child's speech, language, and social skills to normative data.

If your child already has an evaluation from the school district or another facility, please let us know. If it is recent enough, we may be able to use the information obtained from that assessment.

- **Evaluation of Articulation with a full written report - \$350**
- **Comprehensive Evaluation of Receptive, Expressive and/or Social Language Skills or Fluency Evaluation with a full written report- \$600**

Treatment Sessions - see the description of fees below

- 30 Minute Individual Treatment Session (articulation clients only) - \$100
- 60 Minute Individual Treatment Session- \$150
- 60 Minute Group Treatment Session - \$100 (3-6 children depending on age)

Other Fees

IEP meetings, additional reports, and professional (physician, other therapists) consultations will be billed on an hourly basis (or a portion thereof) - \$150/hr



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Credit Card / FSA/ HSA card on File Authorization

Please complete this form if you would like Morgan Hill Speech to keep your credit card on file for future payments. You may elect to provide us with credit card information separately for each payment.

Information to be completed by the card holder:

Cardholder Name (Name on Card):

Card Number: _____

Card Type(please circle): Visa MasterCard American Express Discover Care Credit

Expiration Date: _____

Security Code: _____ (3 digit code on back)

Billing Zip Code: _____

E-mail: _____

I, _____, authorize Morgan Hill Speech to charge the above credit card account for payments owed to my account for services rendered at their office or at the students school site. I agree to update any information regarding this account. The above information is complete and correct to the best of my knowledge.

Cardholder Signature: _____ **Date:** _____



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Health Insurance Billing:

Morgan Hill Speech is an ‘Out of Network’ Provider for all Health Plans with the exception of Kaiser with whom we are a contracted provider. Coverage through Kaiser requires an assessment and referral from their Speech Language Pathologists. We do not accept MediCal. If you plan to seek insurance reimbursement for any services provided by Morgan Hill Speech you must first complete your own verification of benefits by contacting your insurance company. *The attached list of questions may be helpful in determining coverage.*

Once you have determined that your insurance plan has coverage for Speech and Language Therapy services for your child, we will also need to verify your benefits. In order for us to do this, we will need a copy of your insurance card (front and back) and for you to complete and sign the attached ‘Insurance Exchange of Information form.’ Once we have verified your benefits, we will electronically submit your claims to your insurance company every week. Typically, the insurance company will provide you with an Explanation of Benefits (EOB) within one to two months after a claim has been submitted. If any changes are made to your insurance policy throughout the year, please notify us so we can update our billing system.

Insurance companies, for various reasons, may choose to delay or deny payment. If a denial or lapse of payment occurs, we will inform you. It is your responsibility to read each EOB and maintain communication with the insurance company. We will help facilitate this process to the best of our ability. In the event that your insurance company denies payment for services rendered, you are responsible for the full payment regardless of insurance within 90 days from a date of service. If efforts to appeal any denials or delays result in payment for services previously billed, you will be reimbursed on your next invoice. It is essential that clients understand there is never a guarantee of coverage, and Morgan Hill Speech is submitting insurance claims as an additional service on behalf of our clients. However, the responsibility for payment ultimately rests on the client.

All clients receiving services at Morgan Hill Speech are responsible for full payment regardless of insurance within 90 days from a date of service. In addition, a client’s outstanding due balance will never be allowed to exceed \$1,000. In the event that this happens, we will expect payment on your account immediately. Clients with a due balance of \$1,000 for 7 days or longer are subject to a reoccurring fee of 5% of the outstanding balance.

If you are planning to use your health insurance, please sign below to indicate you have read and understood our Health Insurance Billing Policies:

Print name of the parent who is financially committing to pay for this program.

Signature of parent who is financially committing to pay for this program

Date

**If divorced and sharing joint custody under court order, both parents must sign below to give us permission to provide services, regardless of who is paying for the services.*

Print the name of the second parent

Signature of second parent who gives permission for services

Date

HEALTH INSURANCE COVERAGE FOR SPEECH LANGUAGE THERAPY:

Many health insurance plans offer some coverage for speech therapy services, however there are often restrictions or limitations to this coverage. Coverage may not only vary between different insurance carriers, but also among specific plans within a company. Billing your insurance carrier is done by submitting codes for both the diagnosis of your child's difficulties and the procedure (e.g. assessment/treatment). If your child's diagnostic code is on their list of exclusions, you are out of luck. For instance, some plans only cover "rehabilitative" speech therapy, or therapy to restore lost speech or language skills as in the case of stroke or head injury. Other plans will cover speech therapy only when there is a corresponding medical diagnosis such as autism. Many plans will not cover developmental delays or non-medical speech or language disorders.

When you contact your insurance the following questions may be helpful in determining coverage.

1. Does my policy cover speech and language therapy services?
2. Are there any conditions that are specifically covered or excluded? These may be a list of diagnosis codes, also known as ICD-10 codes.
3. What treatment codes are covered? A treatment code is also known as a CPT code and may determine whether an evaluation or treatment is covered.
4. Do I need a prescription or referral from my pediatrician before beginning services?
5. Do I need prior authorization or precertification? You or the provider may need to call in advance of starting sessions to obtain approval.
6. How many sessions will be covered? Is there a specific time frame during which they need to be completed? (e.g. 60 consecutive days, within 6 months, calendar year, etc.)
7. Do I have a deductible or co-pay? If so how much is it?
8. Is there coverage if I use a provider who is out of network? Morgan Hill Speech is an out of network provider.
9. What type of documentation will you need (reports, progress notes)? How often will you need these?
Insurance companies typically require a written initial assessment and treatment plan. They also generally require that your child has a formal assessment and updated treatment plan every year.

Whenever possible, try to get something in writing, and keep track of the specific person you speak to.



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Exchange of Information/Release of Records Form for Insurance

I, _____ (*parent/guardian name*), give my permission for Morgan Hill Speech to exchange information regarding my child, _____ (*name of child*) with my insurance company. This may include written records requested such as the child's diagnosis, therapy program, assessment report, goals, dates of service, codes used, etc:

Insurance Company:

Policy #: _____

Primary Policy Holder: _____

Parent Signature

Date

*If divorced and sharing joint custody under court order, both parents must sign below to give us permission to exchange information

Signature of second parent

Date

** Permission can be revoked at any time by written request**