



SERVICE CONTRACT

Annie Nichols is a Speech-Language Pathologist, licensed in good standing by the state of Indiana and the American Speech-Language-Hearing Association (ASHA).

FEES

Rates of service for speech/language therapy, reading tutoring, and occupational therapy are \$70 per hour (\$55/45 minutes, \$40/30 minutes) for direct therapy. Fees for indirect coaching/home programs will vary based on the therapist's time. Evaluations are \$100/hour.

Billable services include, but are not limited to: assessment, treatment, care-giver training, team meetings (when requested), and phone/email consultations of longer than 10 minutes. Consultations of longer than 10 minutes must be scheduled and will be billed at half the therapy rate. Payment may be received by either cash or check made out to **Bloom Speech and Language Services**, upon delivery of service. Invoices can also be sent through Stripe if credit card payment is preferred. Invoices are delivered via email the day of the therapy session. Group rates can be determined if necessary. The type and delivery method of service will be determined together between parents and therapist prior to or following the evaluation. At this time I do not bill any insurances. Superbills will be provided **upon request** if you would like to submit to your insurance company for reimbursement, though this is not a guarantee and varies by both insurance company and plan. You will receive an initial evaluation report and progress reports quarterly. Invoices stating your "paid" status will be distributed monthly.

For clients being outside of the Muncie/Anderson area I charge a flat travel fee of \$25. You will be made aware before your appointment if this applies.

By signing this form, you agree to a credit card on file being charged for non-payments older than 30 days.

APPOINTMENTS

Appointments may be 30, 45, or 60 minutes including 5-10 minutes reserved for parent review, session note-taking, preparation of home practice materials, and receipt of service fees. Appointment length will be agreed upon following initial evaluation.

When parents/caregivers are unavailable during therapy, notes and materials will be provided for their review. They will be encouraged to integrate home practice into their daily routines and maintain open lines of communication with the service provider to support the client's communication development and goals.



CANCELLATIONS

24 hours' notice is preferred for all cancellations but notice is acceptable up until 2 hours before the session. A no-show fee of \$30 will be charged if therapist is not alerted of the need for cancellation before the session is set to begin. If more than 2 appointments are missed in a row or if you have only made 75% of sessions in the previous quarter (whether the therapist is alerted or not), a discussion regarding the termination of services may be initiated by the clinician.

LATE PAYMENTS

Payment is due at the time of service. If a Stripe invoice is preferred, payment is due within 5 days of receipt. After two sessions of non-payment, **therapy will be placed on hold** until the outstanding balance is paid and you will be placed on the waiting list.

PRIVACY AND CONFIDENTIALITY

Unless express verbal or written consent is granted by the client or care-giver, all information shared with this clinician will remain confidential, in accordance with *Personal Information Protection and Electronic Documents Act (PIPEDA)* (<http://laws-lois.justice.gc.ca/eng/acts/P-8.6/index.html>) and the *Personal Health Information Protection Act (PHIPA)* (<https://www.ipc.on.ca/images/resources/hguide-e.pdf>).

You acknowledge that you are responsible for any information sent by you over email.

CONSENT FOR AUDIO/VIDEO TAPING

At times, audio and video taping may be deemed to be of clinical benefit during the assessment and treatment process. The materials will remain protected and the property of Annie Nichols, and only shared with express consent from the client or caregiver. Your signature below gives your consent to such activities.

My signature below indicates my acceptance of the terms outlined above in the Service Contract and my permission for treatment. I understand that services may not proceed without my consent.



Speech & Language Services

Signature

Date

Annie Nichols, M.A., CCC-SLP
Speech Language Pathologist

Date