



## **SERVICE CONTRACT**

Owner: 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**

**Bloom & Be Therapy and Educational Services is a credentialed provider with Indiana Medicaid. We are currently out of network with other insurance companies but can provide superbills to allow for families to submit for reimbursement if the insurance company allows. This is not a guarantee and varies by insurance company and plan. We also take HSA/FSA cards.**

For clients outside of Medicaid: If paid at time of session or a credit card is kept on file, rates of service for speech/language therapy, reading tutoring, and occupational therapy are \$80 per hour (\$62.50/45 minutes, \$45/30 minutes) for direct therapy. Fees for indirect coaching/home programs will vary based on the amount of therapist's time needed. Group therapy is billed at 75% of the session rate per child. Evaluations are \$125/hour. These prompt-pay discounts are the same for both in person and teletherapy.

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 card, cash or check made out to **Bloom & Be Therapy and Educational Services**, upon delivery of service. Invoices are delivered via by the end of the therapy week.

The type and delivery method of service will be determined together between caregivers and therapist prior to or following the evaluation. You will receive an initial evaluation report following the first appointment and progress reports at least every 6 months. Invoices stating your "paid" status will be distributed monthly if not paying by credit card and receiving automatic receipts.

For clients outside of the Muncie/Anderson area we charge a flat travel fee of \$25 if driving to the home/community setting. 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 at the end for parent review of session, session note-taking, preparation and explanation 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 (for example, during teletherapy or when seen at a daycare or school), 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**

A late cancellation fee of \$30 will be charged if therapist is not alerted of the need for cancellation with at least 24 hours notice. If more than 2 appointments are missed in a row or if you have only attended 75% of sessions in the previous quarter (whether the therapist is alerted or not), a discussion regarding 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. Client will be placed on the waiting list. Credit cards will automatically be charged for invoices that are 30 days late.

### **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.

