



9995 Florida Blvd.
Walker, LA 70785
tel: 225-283-5797
fax: 225-425-3468
www.brightspeechtherapy.com

Patient/Guardian Contract

Thank you for selecting Bright Speech Therapy as your provider for speech and language related therapy services. This contract identifies the expectations and duties of the speech-language pathologist, patient, and/or patient's parties for speech and language related therapy services to be provided.

Notification of Legal and Privacy Policies

- Speech therapy services are provided at Bright Speech Therapy's therapy room(s) by a Louisiana licensed and ASHA-certified (certificate of clinical competence) speech-language pathologists.
- Bright Speech Therapy will not be held responsible for any claims or damages of any kind, for injury to any person or persons, and/or for any damages due to loss of property arising directly or indirectly out of participation in these therapy sessions.
- All patient information will be kept confidential. It will be kept in a secure location, away from public access.
- Evaluation reports, progress reports, therapy goals and therapy plans will be sent to outside sources (i.e. doctor's offices, insurance providers) in a private manner, if applicable.
- Written approval will be obtained to share private information with other outside sources or professionals.
- This is the entire agreement and no promises outside of the agreement made on or before the effective date will be binding upon the parties.

Sessions

- A speech-language pathologist will conduct an initial evaluation to establish a plan of care for the patient. However, Bright Speech Therapy is not required to conduct our own independent evaluation to establish a plan of therapy in order to bill for private pay services. If the evaluation report is dated two or more years ago, the speech-language pathologist may recommend re-evaluation to obtain an updated account of the patient's abilities. An updated evaluation is needed to establish goals and provide therapy.
- Goals can be established through one or more of the following means: administered evaluations/reports, outside evaluations/reports, clinical observations, and parent requests.
- In order to ensure the safety of a child during the therapy session, it may be necessary that the parent/guardian be present in the room. Parents are welcome to observe therapy sessions and be active participants in the child's therapy.
- Most patients will receive therapy sessions that last a duration of 30 minutes. Certain patients may require a longer session length; however, this will be determined at the evaluation by the speech-language pathologist.
- Parent/guardian may be called into the therapy room to speak with the clinician about the child's progress and homework during the last 5 minutes of the session. This is an important part of the treatment session, as the patient's progress is contingent upon the practice and carryover that occurs in the home setting.
- If patient's parent(s)/guardian have specific questions, issues, or concerns that need to be addressed, please inform the clinician at the beginning of the session, so that the proper amount of time can be allotted to speak at the end of the session. The clinician may need to address certain questions during the following session if adequate time is not available during the allotted therapy time. We appreciate your understanding and cooperation in helping us to maintain timeliness for all scheduled appointments.



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- If another caregiver (e.g. grandparents, uncle, aunt, babysitter, neighbor, etc.) attends the patient's session, the clinician will only update them regarding the patient's session if a release of information has been signed. If parents are consistently unable to attend sessions, we are able to make calls or send emails on a weekly basis to provide updates. The parent/guardian may request a longer meeting or telephone conversation with your patient's clinician during office hours to discuss the patient's progress or concerns for a fee of \$30 for a 30 minute session. This fee cannot be billed to insurance.
- Clinicians at Bright Speech Therapy do not attend IFSP or IEP meetings or develop IEP goals for families. A speech therapist may speak with your child's Early Intervention or school-based speech language pathologist on the phone or via email given your written authorization. Please allow the clinician at least two (2) weeks notice for any correspondence (written or verbal) with a related professional.

Consent to Treat

- If a parent/guardian is not present and cannot be reached during a medical emergency, Bright Speech Therapy and its employees will determine the best course of treatment for the patient until a parent/guardian can be reached.

Attendance Policy

- Attendance plays an important role in maintaining the patient's progress in therapy and preventing regression of skills. As such, the patient and patient's parties agree to make best efforts to attend the scheduled sessions on a regular basis. The scheduled sessions are on the same day and time each week and the patient should be able to attend that day/time on a weekly basis. Bright Speech Therapy does not offer appointments every other week or on a monthly basis.
- Patients who cancel three (3) consecutive sessions (with the exception of serious illnesses, emergencies, planned vacations with 2 weeks prior notice given) will be discharged from therapy services.
- Patients who miss two (2) consecutive sessions "no-shows" (with the exception of serious illnesses or emergencies) without giving 24 hours notice in advance to cancel the sessions will be discharged from therapy services.
- Patients who cancel or no-show a total of three (3) non-consecutive sessions in a month's time, without providing 24 hours notice to cancel the sessions (with the exception of serious illnesses or emergencies), will be discharged from therapy services.
- Any cancellations or no-shows will not count against the patient if the session is made up within a two week window following the missed appointment.
- Vacation: If you plan to go on vacation and will be missing a minimum of two consecutive sessions, please notify Bright Speech Therapy so that efforts can be made to reschedule your appointments.

Late Arrivals

- If the patient is late to an appointment, the session will conclude at the usual time to allow the clinician to stay on schedule.
- If the clinician is running late for any reason, the patient will be given the full session time. We regret any inconvenience to the patient's personal schedule and will make best effort to maintain timeliness.



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Cancellations

- If the patient is unable to attend a therapy session, a 24 hour cancellation notice is required (with the exception of illnesses, emergencies, and inclement weather) or the cancellation will count towards discharge from therapy services (please note attendance policy above).
- The cancellation fee will not be counted if the patient reschedules a make-up session within 14 days of the missed session.
- If the patient is sick or an emergency emerges, please contact Bright Speech Therapy as soon as possible, as we are understanding of unexpected situations.
- If the clinician is unable to keep a therapy appointment for any reason, Bright Speech Therapy will notify the patient/guardian as soon as possible, and a make-up appointment will be scheduled.
- Bright Speech Therapy will notify the patient/guardian with a phone call in the event that a therapy session must be canceled due to inclement weather conditions. It should not be assumed that the session is canceled based upon school closings or early dismissals. Bright Speech Therapy does not follow the same closing procedures as the Livingston Parish public schools. If you are unsure as to whether Bright Speech Therapy is open, please call to confirm or check for updates on the Facebook page.

Termination of Therapy

- The following reasons may be cause to terminate our contract:
 - Patient behavior (e.g. repeated tantrums, refusal to engage in therapy, refusal to follow directions or recommendations, verbal attacks, violent behaviors, etc.). We anticipate and understand that all children have “bad days,” however, if the behavior persists despite a variety of strategies, we will refer you to another facility.
 - Parent/guardian behavior.
 - Non-compliance with the attendance policy.
 - Repeatedly non-payment of due amount on account. The parent/guardian will receive a warning when there is an outstanding account balance with multiple payments due. If there is continued non-payment within 2 weeks of warning, therapy will be placed on hold until payments are rendered in full. The patient may lose his/her appointment slot and be placed on a waiting list at that time. Continued non-payment will result in termination of services.
 - Engaging in behavior that breaches trust such as withholding pertinent information about the case history or asking us to alter our data or diagnosis.
- If the patient would like to terminate therapy for any reason, we request a verbal or written notice of a minimum of two (2) sessions in advance. This will allow us adequate time to wrap-up therapy and complete consultation with the parent/guardian.

Holiday Closures

- The office will be closed for the following holidays: New Year’s Day, Mardi Gras Holiday, Memorial Day, Fourth of July, Labor Day, Thanksgiving and the Friday following, Christmas Eve and Christmas Day.
- Bright Speech Therapy may not be closed on days that correspond with school holidays, closures, vacations, etc. If you are unsure if we are open or closed during a particular holiday, please call to confirm.



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Financial - Policy, Responsibility, Fee Schedule

- Regular Rate for an Evaluation, including report: \$250 (up to 1 hour assessment)
-Prompt Pay Discount Rate for Evaluation, including report: \$190
- Regular Rate of therapy: \$160 per hour; \$90 for 30 mins.
-Prompt Pay Discount Rate for Therapy (per hour): \$100 per hour; \$55 for 30 mins.
- Prompt Pay Discount applies when the payment is paid in advance.
- Forms of payment accepted are cash, check (made checks payable to: Bright Speech Therapy), or Venmo. A \$40 fee will be applied to all bounced checks.
- A referral from the patient’s pediatrician needs to be on file for any patient who wishes to use their insurance as payment for services, including a superbill for out of network reimbursement. The referral is required prior to scheduling an evaluation.
- The patient is responsible for all services rendered that is denied by their insurance company.
- The rates of evaluations and/or therapy are subject to change.

- **Private Pay (Out of Pocket)**
 1. A referral is not required for patients paying out of pocket and an evaluation and/or therapy can be scheduled immediately.
 2. Outstanding balances must be made in full for prior week’s sessions in order for therapy to continue.
- **In Network Insurance (List can be found on the website):**
 1. Bright Speech Therapy will request authorization for the evaluation(s) and subsequent therapy sessions.
 2. Once authorization from the insurance company is received, the patient can be scheduled for the evaluation/therapy sessions.
- **Out of Network Insurance:**
 1. The patient’s parent/guardian is responsible for full payment of evaluation(s) and therapy services.
 2. A superbill will be provided for the parent/guardian to submit to their insurance company for reimbursement.

Bright Speech Therapy reserves the right to cancel or amend this contract, or any part therein without negating the remainder of the contract. Patient/Guardian will be notified, in writing, of any changes or cancellation of this contract.

I read, understand, and agree to the policies outlined above. This is the agreement in its entirety, and no promises outside of the agreement made on or before the effective date will be binding upon the parties. My signature indicates that I consent to all rules and regulations of Bright Speech Therapy.

Patient (Child) Name _____ Date _____

Parent/Guardian Name (Printed) _____ Parent/Guardian Signature _____