

Katherine LaPeter, CCC-SLP
Speech & Language Services

Phone: 503-516-2871
4412 NE 26th Ave. Portland, OR, 97211

SERVICE AGREEMENT

Attendance:

Treatment sessions are most effective when conducted regularly, most often on a weekly basis. Regular attendance at treatment sessions is critical for your child's progress.

24-Hour Cancellation:

Clients will provide 24 hours prior notice in the event of a cancellation. Appointments not cancelled 24 hours prior to the session time are billed at the full session rate.

Fee Structure and Payment:

Each speech-language treatment session is billed at \$120 per hour (50 minutes for direct treatment, 10 minutes for preparation and documentation). Session fee is not prorated based on length of session. Families receive a monthly invoice for on-going therapy services. Payment is due within 10 days of receipt of the invoice. Evaluation sessions are up to 100 minutes in length and are billed at \$310. A written report with detailed evaluation results and specific recommendations for treatment is provided. If additional testing is required, it is billed based on the therapy session rate of \$120 hourly rate. School visits and consultative visits with other professionals are billed at \$120 per visit, up to one hour. If the visit or consult time is longer than one hour, additional time is billed in 15-minute increments based on the \$120 hourly rate. School visits, when not part of direct treatment with the child, are not reimbursed by insurance. Consult visits with other professionals are not reimbursed by insurance. Cash and checks are the only accepted forms of payment.

Insurance:

Katherine LaPeter, MA, CCC-SLP is not paneled with any insurance companies. Families may submit invoices for evaluation and treatment to insurance for reimbursement.

Liability: The clinician signed below is released from any injury or harm that may occur while working with your child. During the treatment session, parent/caregiver agrees to be present either in the treatment session or in the home, unless arrangements are agreed upon by both parties prior to the session.

Legal Guardian Signature: _____ Date: _____

Legal Guardian Printed Name: _____ Child: _____

Clinician Signature: _____ Date: _____