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WELCOME to the TALK Team

Commercial Insurance

Thank you for considering The TALK Team for your speech-language therapy needs. We provide specialized diagnostic, therapeutic and academic speech-language services.

As licensed and certified speech-language pathologists, we explore every possible resource to help our clients achieve their goals. By taking a personalized, individual approach, we are able to improve their ability to use and understand speech and language effectively in all aspects of life.

In this packet, you will find forms for your review, as well as forms which need to be completed and returned to The TALK Team clinic prior to the onset of an evaluation and/or therapy.

Please use the following checklist to ensure you have completed all of the necessary information.

- Policies and Procedures
- New Client Information
- Case History

If you have copies of reports from previous evaluations/services or IEPs you would like us to include in your records, please give those to us as well.

As always, feel free to contact us with any questions or concerns.

Sincerely,

The Staff at The TALK Team

The TALK Team's POLICIES & PROCEDURES

Please initial each section and sign at the bottom, indicating you have read, understand, and agree to abide by the policies described.

METHODS OF PAYMENT

We accept cash, check, Master Card, American Express and Visa. Payments must be made at the time of service.

There will be a \$30 charge for all returned checks, due to insufficient funds.

_____ initials

INSURANCE BILLING

We are currently contracted with Sante Health Systems and Kaiser. For all other providers, we will provide you with the information that you need to be reimbursed by your provider. We DO NOT bill other insurance companies directly at this time. You are responsible for payment while seeking reimbursement. All copayments are required to be paid at time of service.

_____ initials

Individual Therapy

Our individual therapy sessions are typically 50 minutes long.

We typically see clients 1-2 times per week. This frequency may be adjusted depending on the individual treatment plan. Your speech-language pathologist will provide a recommendation for both the length of session, as well as the frequency, based on the results of the evaluation and/or consultation.

For the children with whom we work, parent/caregiver education is vital in accomplishing the established therapeutic goals. Therefore, as part of treatment, direct therapy is usually concluded about 5-10 minutes prior to the end of the session, in order to review the targeted goals with you and answer any questions you may have. Parental involvement may vary depending on the treatment plan. Please ask you speech-language pathologist if you have any questions regarding this aspect of therapy.

Group Therapy

Group Therapy sessions are available when appropriate. Group times and prices may vary.

You will be provided with detailed information about your group, prior to beginning services. Your speech-language pathologist can answer your specific questions.

ATTENDANCE

You must attend therapy consistently in order to keep your weekly schedule. **Excessive absences will result in the loss of your standing therapy time.**

We feel that occasionally working with another speech-language pathologist can be beneficial for treatment, not only because of the continuity of services it provides, but also for the opportunity to receive feedback from another professional and to gain a different perspective on skills and goals.

Adhering to this attendance policy, demonstrates your commitment and understanding of the benefits of consistent speech-language therapy. Our staff is expected to demonstrate the same commitment and understanding to you. We will do our best to reschedule sessions or provide coverage for sessions that are missed due to SLP absence.

If you are late to your appointment, we cannot adjust the length of your session or amount billed.

If you show up 30 min after your start time, you will be charged a \$50 no show/late cancel fee and will have to reschedule your session for a different day and time.

_____ initials

CANCELLATION POLICY

At The TALK Team, we are dedicated to providing you excellent service. In order to do so, consistent attendance is essential.

***Please Cancel all appointments with at least 24 hour notice.**

Exceptions to this 24 hour policy include cancellations as a result of:

- (1) Infectious illness (See our Infectious Disease Control Guidelines, for more specific information)
- (2) Emergencies

*If the cancellation, for reasons other than those above, is not made with 24 hours advance notice, a **\$50.00 fee will automatically be applied to your account and will be due at the next session.**

*Frequent cancellations may cause you to lose your scheduled therapy time-slot.

*** If you are a “no show”, meaning that you do not show up at your appointment and you have not called prior to the appointment time, will result in a \$50.00 fee that will automatically be applied to your account and due at the next session.**

***TWO “no shows” or late cancellations will automatically cause you to lose your scheduled therapy time-slot and may be cause for termination of services.**

_____ initials

COMMUNICATION

In accordance with the regulations set forth by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are required to obtain information about your communication preferences.

Please check all that apply. I prefer to be contacted by:

- On my home phone number.
- On my cell phone number.
- With the following people:

EDUCATIONAL OBSERVATIONS

Because we have a close relationship with the local university, we are sometimes asked to provide observations to their speech-language pathology students and practicing clinicians. We also provide training to students obtaining their master's degree in Speech-Language Pathology. The nature of the therapy we provide is very specialized, therefore, we are often asked to provide the opportunity for speech-language pathologists or related professionals to observe for educational purposes.

These observations and trainings are approved by your speech-language pathologist on an individualized basis. She will allow the observation, if she feels confident that doing so would not affect the integrity of the session.

_____ initials

I agree that this Waiver and Release of Liability shall apply to each day I am at The TALK Team regardless of the date that this form is signed below. I agree I will assume the risk and full responsibility for any and all injuries. Losses, or damages, that might occur to my child or other family members while on the premises of the preschool or participating in any off-site preschool program or activity; and to the maximum extent of the law, I agree to waive and release any and all claims, suit, or related causes of action against The TALK Team, their owners, therapists, employees or agents for injury, loss, death, costs or other damages to me, my heirs or assigns, or third party claims, suits or related causes of action asserted against the clinic arising from my conduct and/or my family's conduct while participating in the clinics programs or activities. I further agree to release, indemnify, defend and hold The TALK Team harmless from any liability whatsoever for future claims presented by my child for any injuries, losses or damages.

Amy Prince, MA CCC-SLP, BCBA and Amber Ladd, MA CCC-SLP, BCBA are the directors of the clinic. If you have questions or concerns about any aspect of your services at The TALK Team, please do not hesitate to contact them at (559) 970-8277 or at: info@thetalkteam.com

I have read, understand, and agree to abide by all sections listed above.

Child's Name: _____ Child's DOB: ___ / ___ / ___

Your Name: _____

Relationship to Child: _____

Signature: _____ Date: _____