



Office Policies

I, Sarah Budney, MS, CCC-SLP, (“SB”) am an individual clinician who works to provide high quality and comprehensive speech and language therapy services to children in the Boston and Metrowest communities. Below are my office policies.

Pricing and Invoicing

- Individual therapy sessions are \$125 per thirty (30) minute session. Comprehensive speech and language evaluations are \$550 per assessment. Speech-only evaluations are \$350 per assessment.
- Payment/copayment is due at the time of service. I accept cash, checks, or payment via Venmo.
- All Venmo payments should be sent to: @SarahSLP
- All check payments should be made to the following:
Sarah Budney
26 Brighton St Suite 315
Belmont, MA 02478
- If payment is not received, then you will receive a payment request reminder via Venmo following your child's session. This reminder does not necessitate payment via Venmo but will serve simply as a payment reminder.
- All payments must be received prior to your child's next scheduled session or a \$10 late fee will be applied to your balance.
- For services covered by insurance plans that have a deductible, you will be billed by SB for your deductible as claims are processed. SB will send you a statement and payment is due upon receipt of the statement.
- Per request, monthly receipts can be provided for families submitting for reimbursement.
- SB reserves the right to discontinue services if payment is not received within twenty-one (21) days of the session date.

Insurance

- SB accepts Blue Cross Blue Shield (BCBS) insurance.
- If you have BCBS insurance, it is your responsibility to make sure that the evaluation/therapy is a covered benefit under your insurance plan, and to obtain an initial referral for services if needed.
- SB will submit claim information for services rendered, and progress notes as needed. If your claim is not paid by your insurance, it is your responsibility to pay the charge to SB in full and follow-up with your insurance company.

Evaluations and Feedback

- Brief feedback after each session, as well as brief phone conversations are considered part of your child's therapy program, so no additional charges will be made. Any conversations/conferences exceeding fifteen (15) minutes in length may be charged at a pro-rated amount of \$90 for every thirty (30) minutes.
- Speech and language evaluations will be conducted every six to twelve (6-12) months or as seen fit at the sole discretion of SB. Evaluation reports for the purpose of therapy planning and documenting necessity for insurance companies will be provided to families as part of the evaluation process. Progress notes will be written as needed for insurance.
- If you request additional information for educational purposes, a separate report will be written summarizing evaluation findings and outlining comprehensive recommendations for maximizing speech and language skills in a school setting. The cost to prepare this additional information is \$350 per report. This information is not needed to justify medical necessity of therapy and does not fall under insurance coverage. For this reason, you are responsible for the full payment for any requested reports.
- If you request additional documentation, beyond the evaluation reports, it may be subject to additional charges.
- If you request SB's attendance at an off-site meetings (such as an IEP meeting), it will be billed privately at a pro-rated amount of \$90 per thirty (30) minutes for the length of the meeting
- An additional \$0.50 per mile traveled to the meeting site will be applied.

Confidentiality and Consent

- Unless otherwise agreed, all information disclosed in therapy sessions, evaluation reports, education reports, or the like will be kept in strict confidence by SB.

Attendance and Cancellations

- Therapy is most effective when consistent services are provided. Therefore, you must make every effort to attend at least 80% of scheduled appointments. Attendance will be calculated quarterly, and a change or termination of services may be discussed if attendance has been poor.
- If you need to cancel your child’s session due to a previously scheduled conflict (e.g., vacation, doctor’s appointment, sports, birthday parties), we require 48 hours notice to allow the clinicians time to reschedule other clients.
- Cancellations with less than 48 hours notice, (with the exception of sudden illness or emergency), will be subject to a flat cancellation fee of \$75. **However, please be respectful to the other families who attend this practice and do not bring your child to an appointment if they have a fever, cold, or other contagious illness.**
- If no prior notice is given, and client does not attend their scheduled session, the client will be billed privately at their clinician’s billable session rate \$125.
- I understand that families may need to cancel. However, clinicians cannot hold therapy slots for a client beyond 3 consecutive missed sessions.
- If families would like to place a “hold” on their services for their child, while they are away on extended vacations or sports schedules, they may make arrangements with the clinician to do so at their clinician’s billable session rate.
- SB may occasionally need to cancel an appointment. Except in cases of emergency or sudden illness, you will be notified in advance, and make-up session will be schedule when possible.

Office Etiquette & Safety

- Please refrain from using your cellular phone while in the waiting room.
- For their safety, children must be accompanied by an adult in the waiting room and shared spaces on the building premises.
- Parents are responsible for providing SB a list of any known allergies in writing prior to the first therapy session or evaluation. SB shall not be held responsible for any food-related allergies or reactions.
- By signing below, you authorize SB to seek medical treatment for your child if required.

I have read, understood, and agree to the aforementioned policies. I hereby authorize SB to bill my credit card when my account is past due as outlined above. This authorization will be valid until my child is discharged from therapy and there are no outstanding charges due to SB.

(signature)

(print name)

(date)