

# ***WELCOME TO METROPOLITAN SPEECH PATHOLOGY GROUP POLICIES & PROCEDURES***

We are pleased to provide your speech-language services. We trust that they will be to your satisfaction. Comments regarding your experience with our practice are always welcome. This information helps us meet your individual needs and maintain quality services for our clients.

***We have found that clarity at the beginning of a clinical relationship fosters a good working partnership. In order to prevent confusion or misunderstanding regarding our policies and procedures, READ AND RETAIN the following information for your reference.***

## **HOW TO CONTACT MSPG**

You may reach the office by calling 202-237-2927 twenty-four hours a day. When no one is available to answer personally, your message will be answered by our voice mail system. Simply enter the # of your speech-language pathologist (hereafter SLP) or our PRACTICE MANAGER, Candy Aaron, (#1) and leave a message of any length. Your call will be returned as soon as possible.

## **FEES as of 9/1/2007**

### **TREATMENT CHARGES**

\$125 per 60-minute individual session.

\$112 per 50-minute individual session

\$97 per 45-minute individual session.

\$87 per 40-minute individual session

\$68 per 30-minute individual session.

Group sessions are pro-rated according to the length of session and number in the group.

**THERE IS A \$35 PER VISIT TRAVEL CHARGE FOR OFF SITE VISITS FOR A SINGLE CHILD IN A SETTING.**

A retainer fee for **expert witness testimony** will be arranged on an individual basis.

Periodically it is desirable and necessary to participate in extensive case management activities, such as **parent and school conferences**, to assure proper coordination of and communication about services. Therefore, with parental notification, conferences with parents, teachers, and other professionals, school observations, and lengthy telephone consultations will be billed at the hourly rate. There is no additional charge for "routine" case management activities (planning, chart keeping, brief coordination calls).

**Supplementary testing and/or re-evaluations**, conducted with parental permission, will be billed at the hourly rate.

## **REPORT FEES**

Additional reports (other than Annual Treatment Summaries and/or Discharge Reports, which are written by the SLP without charge,) will be billed at the hourly rate. When you or your insurance company REQUEST ADDITIONAL REPORTS, you will be billed at the hourly rate. If your insurance company or attorney requests copies of reports, progress notes, treatment plans, etc. a fee for photocopying will be charged at \$35 per hour.

## EVALUATION FEES:

**\$1100: Comprehensive Speech-Language Evaluation (for elementary, middle, high school, college, adult) includes a battery of tests covering receptive and expressive language, phonology, semantics, grammar/syntax, pragmatics, reading (phonemic awareness, decoding, accuracy, rate, fluency and comprehension), spelling, word- retrieval, written language, auditory memory, auditory and language processing, articulation, oral motor issues, voice, and fluency. Evaluation consists of: file review, testing, interpretation, parent conference, and interpretative report, including recommendations for home, school, and jobs. Appropriate referrals are made when indicated. Demystification meetings with the student are included when appropriate. Individualized treatment plans are developed and designed to meet the needs of each student. No two programs are alike.**

**\$675: Comprehensive Pre-School Speech-Language Evaluation (for pre-schoolers, Kindergartners, and non-reading first graders) includes a battery of tests covering receptive and expressive language, phonology, semantics, grammar/syntax, pragmatics, reading (phonemic awareness, decoding), spelling, word-retrieval, written language, auditory memory, auditory and language processing, articulation, oral motor issues, voice, and fluency. Evaluation consists of file review, testing, interpretation, parent conference, and interpretive report, including recommendations for home and school. Appropriate referrals are made when indicated. Individualized treatment plans are developed and designed to meet the needs of each student. No two programs are alike.**

**\$500: Reading Skill Evaluation (for students struggling with reading acquisition without identified language issues) includes a limited testing protocol: Phono-Graphix Screening, word identification, word attack, reading comprehension, and spelling measure. There is a single page report of scores with interpretation and recommendations. Short parent conference is provided at the time of testing. NOTE: When more extensive language testing is recommended post Reading Skill Evaluation, the \$500 will be applied to the full evaluation fee.**

**\$365-\$470: Articulation Evaluation. This evaluation includes: file review, testing, oral motor evaluation, interpretation, parent conference, and report with recommendations.**

**\$800: Fluency Evaluation. This evaluation includes: file review, testing, interpretation, parent conference, and report with recommendations.**

\$150 per hour for Consultations.

Other Evaluations **will be individually priced at intake.**

**SUPPLEMENTARY TESTING and/or RE-EVALUATIONS, conducted with parental permission, will be billed at the hourly rate.**

## TREATMENT SESSIONS

Sessions are carefully pre-planned for your child. Your child will work directly with the SLP for the bulk of the session, leaving 5 minutes at the end to talk with the parent and/or write a brief treatment note. It is a commitment of this practice to keep to the schedule. Please be considerate of the person following you. If you require an extended conversation with your speech pathologist, have it at the beginning of the session or schedule a time for a meeting or phone conference.

Extending the lesson of the treatment session into the home is critical for maximum progress. For parents who are not on site at the time of the sessions, a communication plan should be determined directly with the SLP at the start of treatment and modified as needed during the course of treatment. Options include e-mail, notebooks, phone calls, meetings.

When visiting the office for treatment session, we would appreciate your consideration in the following matters:

- Please do not drop off your children early for appointments or fail to pick them up promptly after appointments. We are not in a position to provide child care coverage or monitor the safety of your child.
- You are welcome to use the toys and books available in the waiting room, but please pick up after use.
- Our phones are for staff use only. If you need to make a quick call, ask your speech-language pathologist which phone you may use.
- We would appreciate a quiet waiting room as sound travels easily to the treatment rooms.
- Restrict cell phone use to outside the office.
- Please do not eat or drink in the waiting room areas.
- Please take advantage of our extensive client library. We have books, audiotapes, and videotapes on a variety of speech-language and related subjects.

## RELEASES OF INFORMATION

We respect your confidentiality in all matters. If you would like MSPG to release information about your evaluation and/or treatment to another agency or professional, please request our standard Release Form from the office. Upon completion of the form, we will release the appropriate information.

When MSPG has not conducted the speech-language evaluation for your child, we REQUIRE that you provide us a copy of the outside evaluation report, completed within the last year, before we can begin treatment. We cannot ethically see a client without an evaluation.

If you would like MSPG to have prior records of your child—which are often very helpful clinically--please have the information forwarded to our office. These records will also be treated with utmost confidentiality. We can provide you with a RELEASE FORM to use for requesting that records be sent to MSPG.

## RECORD KEEPING

**MSPG keeps copies of evaluations, re-evaluations, session notes, and discharge reports for all clients. We provide clients with copies of all formal reports. It is our policy to keep office copies of these formal reports for a period of 5 years after client discharge. After that time, the records will be shredded. You are encouraged to keep and store your own copies of formal reports for your permanent records.**

## BILLING AND COLLECTION POLICIES

Bills are sent at the beginning of the month for services during the previous month. **BILLS ARE DUE UPON RECEIPT.**

### BILLING/PAYMENT CYCLE

<u>SERVICES</u>	<u>PAY BY</u>	
January	February 15	to avoid \$20 late fee and suspension of services
February	March 15	to avoid \$20 late fee and suspension of services
March	April 15	to avoid \$20 late fee and suspension of services
April	May 15	to avoid \$20 late fee and suspension of services
May	June 15	to avoid \$20 late fee and suspension of services
June	July 15	to avoid \$20 late fee and suspension of services
July	August 15	to avoid \$20 late fee and suspension of services
August	September 15	to avoid \$20 late fee and suspension of services
September	October 15	to avoid \$20 late fee and suspension of services
October	November 15	to avoid \$20 late fee and suspension of services
November	December 15	to avoid \$20 late fee and suspension of services
December	January 15	to avoid \$20 late fee and suspension of services

For your convenience, we can accept payment for your charges on **VISA, MasterCard, or Discover Card**. Should you choose to pay by VISA, MasterCard, or Discover Card, please write your card number, expiration date, name as it appears on your card, and the card's billing address on a copy of your invoice or statement and mail or fax it back to us. You may also call Candy Aaron, our Practice Manager and give her the information over the phone. You may request a "standing charge" for monthly services, automatically charged to your card on a monthly basis, which will eliminate late charges and treatment suspensions. A PAID INVOICE is sent and can be used for your insurance reimbursement.

**PLEASE NOTE THAT WE DO NOT BILL INSURANCE COMPANIES DIRECTLY, NOR DO WE PARTICIPATE IN ANY PLANS. WE REQUIRE YOUR PAYMENT MONTHLY.** Whether or not your insurance company pays in full, a portion, or does not cover your services, is a matter between you and your insurance carrier. We will assist you in completion of insurance forms as necessary.

As a small business, we are unable to carry outstanding balances. Consequently, it will be important to keep your account current. Please call our practice manager promptly if you foresee a payment problem, and we will make every attempt to meet your needs.

A \$25 service charge will be required for any returned checks.

Thirty days notice will be given in advance of any fee increases for treatment services.

**SPEECH-LANGUAGE PATHOLOGY SERVICES DO QUALIFY AS A MEDICAL DEDUCTION FOR TAX PURPOSES. THEREFORE, WE ADVISE YOU TO KEEP YOUR INVOICES FOR YOUR TAX AND INSURANCE RECORDS!!**

**Speech-language evaluation and treatment charges can be paid with your flexible medical spending accounts.**

A fee of \$25 will be charged to provide you with additional copies of your invoices so please file them carefully and always make copies for your records before sending anything to your insurance company.

## CANCELLATION POLICY

**A great deal of effort goes into arranging your treatment schedule. It is important to realize that this therapy time is being held exclusively for you. Clients who make the best and most rapid progress are those who diligently follow the recommended treatment schedule.**

We realize emergencies and illness occur, therefore, if you must cancel an appointment **FOR ANY REASON**, your SLP must receive **NOTICE 24 hours** prior to the scheduled session or it will be considered a broken appointment and the **FULL FEE WILL BE CHARGED**.

**This policy enables us to keep our charges reasonable as well as retain our excellent speech-language pathologists:**

- **For clients receiving only one session per week, there are NO EXCUSED CANCELLATIONS, but you will be offered an opportunity for a make-up session. You will be billed for all sessions every month.**
- **Clients with 2 or more sessions per week are permitted a maximum of ONE EXCUSED CANCELLATION per month.**

You are encouraged to make-up missed appointments to ensure continuity of your child's therapy program. These can be arranged directly with your SLP, to be scheduled at her convenience.

If your child is being seen in a school, day care, or another off-site setting, **IT IS YOUR RESPONSIBILITY TO NOTIFY YOUR SLP OF A CANCELLATION**. Check your child's field trip, special event, and **vacation** schedule to prevent broken appointment charges. MSPG does not follow the school schedule regarding school vacations. MSPG is not on an academic calendar year. Clients seen at school sites, as well as those regularly seen in the office, will maintain scheduled appointments at MSPG offices when school is closed. Please talk with your SLP prior to breaks to assure continuity of services, and to avoid cancellation charges.

As a rule, therapy sessions will not be conducted on Federal holidays unless a special arrangement has been made between you and your SLP.

## SNOW /INCLEMENT WEATHER POLICY

**MSPG DOES NOT FOLLOW YOUR SCHOOL SCHEDULE REGARDING SNOW DAYS.**

The office does NOT close when area schools close due to weather conditions. **PRESUME THE SESSION IS ON**, unless you hear from your speech-language pathologist that it is canceled.

If your child is routinely seen in a school or day care setting and that facility closes due to weather conditions or breaks, you are invited to re-schedule the session at the office. Arrange times with your speech-language pathologist.

**FINANCIAL RESPONSIBILITY AGREEMENT  
for SPEECH-LANGUAGE TREATMENT SERVICES with  
METROPOLITAN SPEECH PATHOLOGY GROUP**

**This agreement must be signed and returned to our Practice Manager prior to the commencement of treatment.**

**Client Name:**

\_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**I acknowledge receipt of the Metropolitan Speech Pathology Group Policies & Procedures, including Fee Schedule, and agree that I will be responsible for the payment of charges incurred as outlined in that packet. Specifically, I agree to pay for every scheduled appointment, whether I attend, cancel or miss the appointment. (I understand that if I am a twice per week or more frequent client, I may cancel one appointment per calendar month without incurring the charge for that appointment.)**

**Further, if any collection activities are necessary, I agree to pay all the expenses of such activities, including reasonable attorney's fees and court costs.**

**Signed** \_\_\_\_\_

**Relation to Client** \_\_\_\_\_

**Date** \_\_\_\_\_

# W E L C O M E

Thank you for choosing Metropolitan Speech Pathology Group. MSPG has been in practice for over 30 years. It is our mission to provide a full range of speech and language services to families in a community based clinical practice. All services are individualized, founded in the best practices in the field of speech-language pathology.

Attached is a copy of our Policies & Procedures and our Financial Responsibility Agreement. We ask that you read them both carefully. Pay particular attention to the Billing, Collections, and Cancellation policies. **Please sign and return the Financial Responsibility Agreement, (green sheet) indicating that you agree to our terms and conditions, to Candy Aaron, Practice Manager, prior to your first treatment session.**

We prefer to have a copy of the Financial Responsibility Agreement in our file, even though your commencement and continuation of services constitutes your agreement and understanding of our policies and procedures as stated in the attached information. If you have any questions or concerns, please call our Practice Manager at 202-237-2927.

Thank you for your cooperation. We look forward to a gratifying relationship. At any time during your work with our practice, please feel free to call or e-mail me about any concerns on any matter. We, at MSPG, are all committed to serving your family to the best of our ability.

Kathy Hosty, M.A., CCC-SLP  
Director

DIRECTIONS TO MSPG

4601 CONNECTICUT AVENUE, NW  
SUITE ONE  
WASHINGTON, DC 20008  
202-237-2927

MSPG IS LOCATED AT THE CORNER OF CONNECTICUT AVENUE AND  
BRANDYWINE STREETS IN THE SARATOGA APARTMENT BUILDING.

ENTER FROM THE BRANDYWINE STREET ENTRANCE THROUGH THE SUITE  
ONE DOOR TO THE LEFT.

FROM THE RED LINE'S VAN NESS STATION, WALK NORTH 3 BLOCKS AND THE  
OFFICE IS ON THE RIGHT AT THE CORNER ON BRANDYWINE AND  
CONNECTICUT. SEE ABOVE DIRECTIONS FOR ENTRANCE.

PARKING IS AVAILABLE ON CONNECTICUT AVENUE IN FRONT OF THE  
BUILDING BETWEEN 9:30 AND 4:00 OR ON NEIGHBORHOOD STREETS FOR 2  
HOUR PERIODS.