



Cincinnati Center for Improved Communication, Inc.

Services in Speech, Language, and Language-Based Learning Disorders

Office Policies for Clients

1. At various times during the year, professional staff members will be away from the office. You will be notified in advance of the dates, and make-up sessions will be scheduled when possible.
2. Brief conferences between sessions, as well as brief telephone conferences (10 minutes or less) are considered a part of the regular intervention program, and no additional charges will be made. Conferences with parents, physicians, tutors, or teachers that exceed ten (10) minutes in length will be charged at the regular billing rate.
3. Conferences at a school, or other out-of-office visits, will be billed at the regular billing rate.
4. Each payment for evaluation and intervention is to be made directly to Cincinnati Center for Improved Communication, Inc. (C.C.I.C., Inc.) unless insurance coverage has been arranged.
5. Although payment is ultimately the patient's responsibility, C.C.I.C., Inc. will directly bill the insurance company if speech-language therapy services are a covered benefit on the patient's policy and have been authorized. The patient is responsible for any applicable deductible and/or co-payment amounts and for any amounts charged for services that are deemed "non-covered services" by plan benefits.
6. Fees for intervention and onsite conference are at the rate of one hundred twenty dollars (\$120.00) per hour if paying by cash or check and one hundred twenty-five dollars (\$125.00) per hour if paying by debit or credit card.
7. Fees for speech-language evaluations/consultations, telephone calls, and out-of-office visits are two hundred dollars (\$200.00) per hour if paying by cash or check and two hundred ten dollars (\$210.00) per hour if paying by debit or credit card.
8. A monthly invoice and a statement of account will be mailed at the end of each month. Payment in full is due upon receipt of invoice.
9. A one and a half percent (1.5%) finance charge will be added to all unpaid invoices fifteen (15) days after the date of the invoice.
10. Invoices that remain unpaid for forty-five (45) days following the date of the invoice will be subject to legal action for collection.
11. If you must cancel a scheduled appointment, it is necessary that you cancel twenty-four (24) hours in advance of the appointment. Except in cases of emergency or sudden illness, appointments not canceled twenty-four (24) hours before will be charged as though the session were held and cannot be billed to insurance.
12. You will be provided with two (2) copies of evaluation reports and one copy of progress/status/discharge reports. Should you require additional copies, a \$5.00 fee will be assessed for each copy.
13. Should you require copies of any reports once you/your child are no longer an active client at C.C.I.C., Inc., a \$25.00 fee will be assessed for the first copy, and \$10.00 for any additional copies requested.

I have read and accept these policies. I understand that I am responsible for timely payments.

_____ of _____ Date _____
(Parent/Guardian/Spouse) (Patient)