



Good Faith Estimate for Health Care Items and Services

Form to be completed for those who are uninsured or electing not to use insurance.

The following is a detailed list of expected charges for the listed services, scheduled for the listed dates. You may need more than one treatment. We are unable to anticipate the length of care as all people progress at different rates. This estimate is accurate within +/- \$400 of the actual cost of the care for one visit. The provider may recommend additional items or services as part of the treatment that are not reflected in the estimate. These would need to be scheduled separately. The information provided in the Good Faith Estimate is only an estimate, as actual items, services, or charges may differ. The client has the right to engage in a dispute resolution process if the actual costs of services significantly exceed those listed in the Good Faith Estimate. The Good Faith Estimate does not obligate or require the client to obtain any of the listed services from the provider. The estimated costs are valid for 12 months from the date of the Good Faith Estimate.

Fee Schedule

Evaluation

Stuttering/Fluency Evaluation (92521) - \$260.00

Includes consultation with parent and file review, 30-45 minutes of direct contact, approximately 1-1.5 hours of analysis and interpretation and includes a thorough report.

Articulation/Phonology Evaluation (92522) - \$260.00

Includes consultation with parent and file review, 30-45 minutes of direct contact, approximately 1-1.5 hours of analysis and interpretation and includes a thorough report.

Comprehensive Speech-Language Evaluation (92523) - \$360.00

Includes consultation with parent and file review, 1-2 hours of direct contact, possibly over 2 sessions, followed by approximately 1-2 hours of analysis and interpretation and includes a thorough report.

Evaluation for a Speech-Generating Augmentative and Alternative (AAC) Communication Device (92607) - \$360

Includes consultation with parent and file review, 1-2 hours of direct contact, possibly over 2 sessions, followed by approximately 1-2 hours of analysis and interpretation and includes a thorough report and associated paperwork and contact with other team members, such as PCP, to request an insurance-funded speech generating device (SGD)

Therapy

Individual Speech Therapy Session (92507) - 30 min - \$120.00

Inclusive of preparation time, resources/materials made for your child's therapy, record keeping, home programming, quarterly progress reports, and consultation with other professionals to coordinate therapy.

Teaching use of and programming Speech Generating Device (SGD) - 30 min - \$100

Inclusive of preparation time, programming and modification of device, and family coaching, this is an additional service that can be part of your therapy sessions when your child is learning how to use their SGD.

Other Services

(Not billable to insurance. Billed in 15 minute increments.)

Progress/Team Meetings \$110/hr

Meetings outside of treatment time at the discretion of the Talk Play Learn Speech Therapy therapist.

Travel Time for Progress/Team Meetings \$80/hr

Travel time to meeting to and from the office location.

Discounts

Time of Service Discount: We offer a 10% prompt pay/time of service discount on all services. This discount is only available for payments in full received on or before the date of service.

Given the list above, please describe the services you are seeking to receive

Child's Name *

First Name Last Name

Child's Date of Birth *

Month Day Year

Parent Name *

First Name Last Name

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Email where you would like to receive your estimate *

example@example.com

Phone Number *

Please enter a valid phone number.

The following section will be completed by office staff and returned to you.

Diagnosis: unknown until after initial treatment

Date of Good Faith Estimate (today) *

Month Day Year

Provider Consulted with

Given your requested services, the following is your estimated fee for services, given cash pay, without a discount.