

10 Ocean Avenue Apt. 2 Portland, ME 04096

Office: 207-671-3766 luciareardon@me.com www.luciareardon.com

### **POLICIES AND PROCEDURES**

Welcome and thank you for choosing Lucia Reardon Speech Language Pathology, LLC! I am pleased to provide you with services that include evaluation, treatment, consultation and trainings in the areas of social cognition, executive functioning, and receptive, expressive and pragmatic language skills. My goal is to strengthen communication, self control and social and personal problem solving, and improve clients' self confidence in all environments and situations whether it be in the home, school, work, and/or community. It is my aim to meet each person's and family's needs and provide quality services.

#### CONTACT INFORMATION

To schedule or re-schedule an appointment with the practice, please call the office number at 207-671-3766. You may also email through the practice's website's contact page or to luciareardon@hotmail.com. Emails are monitored daily and responded to within 1 to 4 business days. For cancelations, please feel free to email or text to the contacts above and note the 24 hour cancellation policy (see below). Please note that my administrative assistant may contact you in my place.

Sessions are carefully and thoughtfully pre-planned for each client. In the case of children, the session will include working directly with the child (or children) for approximately 40 minutes. The parent or guardian is welcome in the treatment room if it is in the best interest of the child or other children in the case of group treatment. The final 10 minutes of a session are reserved to talk with the parent(s) or caregiver(s) to explain the session's activities and objectives and provide carry-over information to help generalize the skills being addressed into other environments.

When visiting the office for treatment sessions, please consider the following:

- 1) If you drop your child off at the time of the appointment, please pick them up promptly at the end of the 50 minute session.
- 2) For your safety and the safety of your child, please supervise your child in the home office's rooms at all times.
- 3) Feel free to use the toys, games, books in the waiting room (landing)area while you wait.

## FEES FOR SERVICES

#### **Evaluation and Treatment**

- \$225.00 for every direct contact hour in an evaluation
- \$125.00 for every hour required to gather information from other professionals (if necessary) and write an evaluation report (up to 8 hours) Treatment
- \$175.00for a 50-minute individual treatment session
- \$195.00 per hour for phone consultations (charges begin after 10 minutes)
- \$125.00 for a 50-minute group session of 2 or more people

#### Consultation

\$195.00 for 50 minute Professionals/Parent/Agency meeting/in school observations

Group In-service/Trainings

\$500.00 per hour for small groups up to 8 people. For larger groups, please contact Lucia directly.

There is \$75 dollar per hour travel charge for off-site visits/consultations/trainings.

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

## BILLING AND COLLECTION POLICIES

Invoices are sent out at the end or beginning of every month for all therapy during the previous period and are payable upon receipt; checks and credit cards are accepted. It is possible to pay online and the information is on the invoice that is emailed to you. Though insurance is not accepted, I will provide you whenever possible with a diagnosis code and treatment code on the invoice that you can submit to your insurance for possible reimbursement. Lucia Reardon Speech Pathology, LLC is a small private practice and is unable to carry large outstanding balances. Therefore, it is important to keep your account current. Please call Ms. Reardon promptly if you foresee a payment problem and every attempt will be made to develop a payment plan.

Please note that if payment is not received within 20 days of the invoice date, a late fee of \$25.00 will be charged for each week payment is not received. Also, a \$25.00 service charge will be required for any returned checks. If an invoice is unpaid after 30 days, treatment services will be suspended. Upon receipt of payment, every effort will be made to reinstate the therapy sessions back into the schedule.

## CANCELLATION POLICY

Considerable effort is expended on arranging appointments and treatment schedules. Your therapy session and time is reserved for you and those who consistently attend therapy, participate and follow the treatment schedule make the most rapid progress towards the established goals. I realize emergencies occur and children can get sick the morn- ing of a scheduled appointment. However, beyond those unanticipated events, if you must cancel an appointment for any other reason, I must receive verbal notice at a minimum of 24 hours prior to the scheduled session. If no verbal notice is given to my office at least 24 hours before a scheduled appointment, it will considered a broken appointment and the client will be charged and responsible to pay the full fee for the appointment. For those clients with weekly stand- ing appointments, frequent cancellations (i.e., 2 or more a month for 2 consecutive months) will be understood to mean that the standing appointments no longer work with the client's schedule. I reserve the right to discontinue therapy until such a time that continuity can be assured for all appointments (excluding vacations).

# RELEASE OF INFORMATION

Client confidentiality is respected in all matters. If the release of information about an evaluation and/or treatment is needed to another agency or professional, a standard release form can be obtained from the practice. Upon completion of the form, the practice will release the appropriate information to the agency or professional.

If Lucia Reardon Speech Pathology, LLC did not complete the evaluation of your child's Social Cognition and Communication skills, please provide us with a copy of the evaluation before treatment begins. If you would like us to have any relevant prior records, which can be very helpful clinically, please have the information forwarded to the office. I (and my assistant) will treat these records with the utmost confidentiality.

#### SNOW-INCLEMENT WEATHER POLICY

WE DO NOT NECESSARILY FOLLOW THE SCHOOL SCHEDULE REGARDING SNOW DAYS.

When area schools are closed due to weather, assume that a scheduled therapy session is still on, or call as soon as possible to let us know you cannot travel in the weather conditions. If the office closes due to weather conditions, there will be a message left for those clients scheduled that day. Please let us know the best way to reach you.

Signature here to indicate you have read, understand, and agree to abide by the policies and procedures in this document.

I thank you for choosing my practice! I appreciate feedback and encourage you to ask any questions you may have and share any concerns!