



## Agreement to Terms Fee Schedule & Payment Policy

### Fee Schedule

Assessments and evaluations are billed at a rate of \$180 per hour. All assessments and evaluations will include written documentation of all results, interpretations, and recommendations for therapy in the form of a formal report on Budding Voices letterhead. An estimate will be provided prior to the initiation of all assessments and evaluations.

On-site therapy sessions are billed at a rate of \$130 per hour. Off-site sessions will incur an added \$10 service fee per session. Sessions with a duration less than 60-minutes will be pro-rated according to the hourly rate. Indirect service, such as progress reports and team collaboration, will be billed at a rate of \$65 per hour.

### Payment Policy

Budding Voices does not currently accept any insurance plans. However, we will supply you with any necessary documentation (including diagnosis and treatment codes) to facilitate claims for reimbursement to your insurance provider. Please contact your insurance provider for information regarding out of network benefits and documentation requirements prior to the initiation of services with Budding Voices.

Budding Voices provides therapy on a fee for service basis. Fees are the full responsibility of the client.

### Billing

We prefer the client to pay each for session at the time of service. Monthly billing is available. To participate in monthly billing, the client agrees to pay a monthly invoice in full within 5 business days. Monthly invoices must be paid in full prior to services being rendered in the following month. Advance payment is available at a discounted rate of \$465 for 4 sessions, rather than the regular rate of \$520 for 4 sessions.

### Accepted Forms of Payment

We prefer payment via cash or check. Checks should be made payable to Budding Voices LLC. We also accept all major credit cards. The credit card service fee of 3% will not be applied.

I understand the fee schedule and payment policy of Budding Voices as outlined above. I acknowledge and accept full and complete responsibility for prompt payment of all services rendered to my child by Budding Voices. I understand that upon completion of each therapy session, payment is due in full. I understand that I can make payment via cash or personal check only. I understand that health insurance policies and reimbursement are between myself and my health insurance provider, that all services rendered to my child are billed directly to me, and that I am responsible for payment to Budding Voices. I understand that agreements regarding fee schedules and charges for cancelled appointments are between myself and Budding Voices and are not related to potential coverage and reimbursement rates by my health insurance provider.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_