Integrating Children and Knowledge of Washington, Inc.
5100 Acacia Avenue   Bethesda, MD 20814
P: 301.897.0815   F: 301.897.0819   E: icanofwashington@hotmail.com

SUMMARY OF SERVICES FEES & POLICIES:

SPEECH/LANGUAGE THERAPY/EVALUATION SERVICES:

❑   Private Speech-Language Therapy sessions: $115 per hour in office, 125 per hour out-of-office

❑   Group Speech-Language Therapy sessions: $70 per hour

❑   Social Skills Group: $70 per hour

❑   Speech-Language Evaluation: $450 (includes written report and recommendations within 2 weeks).

❑   Additional Reports: $125/hour (such as: IEP recommendations, progress reports, summary of initial visit).

❑   Attendance at IEP meetings: $125 per hour (note that prep work will be billed as an hourly rate)

❑   Program maintenance by BCBA (update materials, graphing of progress, update of daily probe sheet): $125/hour

❑   Program maintenance by Jr. Consultant (see above for description): $50/hour

❑   E-mails: $125/hour (e-mails responses will be charged for any e-mail that takes more than 10 minutes to reply involving items such as; recommendations, goals, behavior intervention plans/modifications, explanation of procedures, etc.)

*full sessions are based on 50-minutes of therapy.

CONSULTATIONS/REPORTS:

❑   Verbal Behavior consultations/team meetings: $125 per hour.

❑   Written reports: $125/hour.

❑   Video or phone consultation: $125 per hour.

❑   Observation of school settings: $125 per hour.

❑   Consultation with other professionals: $125 per hour.

❑   Mileage/Travel: If more than 10 miles from the office, travel time will be charged as the standard hourly rate.

❑   Jr. Consultant Fees (please inquire): $50 per hour.

POLICIES:

❑   Missed appointments: Clients will be charged for a full Speech and Language therapy session if a scheduled appointment is missed with less than 24 hours notice. Cancellation of a Verbal Behavior consultation will be charged the full amount if there is less than one week's notice. Exceptions to the cancellation policies are due to illness or family emergencies.

❑   Late Pick-up: Due to the necessity to keep everyone's appointment on time, children should be picked up when the therapy session is over (10 minutes before the hour for full sessions). In consideration of other clients, please make every effort to abide by this policy.

❑   Communication: We will make every effort to return any messages within 24 hours. Please leave messages for cancellations, scheduling, etc., at the office number: 301.897.0815.

- ❑ <u>Payment Schedule</u>: Payment is due after every therapy session or by the 10th of every month. Checks or cash is accepted at this time. Ten percent of the amount of the service will be added to any invoice past due.

- ❑ <u>Scheduling</u>: Frequent and consistent therapy optimizes your child's progress. Therefore it is important that you arrive on time for each scheduled appointment. While delays are often unavoidable, your child's appointment will conclude at the regularly scheduled time, regardless of your arrival time.

- ❑ <u>Follow-through of Consultation/Behavior Analyst Services</u>: Recommendations will be made at each consultation for home programming set-up and maintenance. The science of Applied Behavior Analysis requires that the behavior analyst make empirically-based decisions, which means that data collection "drives" the behavior analysts' treatment methods. It is critical for the parents and team-members to follow through with any recommendations agreed upon at each consultation. *If, at any time, the family and team members do not follow through with the recommendations of the consultant across a period of more than two months (including data collection necessary to make program decisions, follow-through with behavior plans, and follow-through with program maintenance), the consultant has the right to terminate services.*

AGREEMENT:

By signing below, I have read and agree to ICAN of Washington's policies, fees, and procedures associated with therapy and consultative services listed above.

Parent Signature: _____Date: _____