



## **Services and Philosophy**

Lakeshore Speech Therapy is a private practice dedicated to delivering quality, cost-effective speech and language services. We implement evidence-based evaluation and treatment techniques to ensure the highest quality of care. Our primary objective is to enhance functional communication skills, thus improving the lives of both clients and their families. The family is a critical member of the treatment team and is an integral part of the rehabilitation process. Assessments and treatment incorporate feedback from parents and/or primary caregivers. Additionally, we provide guidance to help families understand their loved one's differences and support efforts to implement goals and promote new learning at home, school/work, and in the community. Lakeshore Speech Therapy prioritizes the patients' education and care, following the decisions made by the family and therapist. Our assessments, reports, and observations are influenced by insights from other professionals involved in the patient's life, such as physicians, teachers, aides, psychologists, psychiatrists, educational therapists, tutors, occupational therapists, and physical therapists. We collaborate with the rest of the team to align goals and offer feedback and education whenever necessary. We value the knowledge other team members bring from their respective disciplines and their unique interactions with the patient. Treatment is tailored to the individual, rather than using a standardized approach. Lakeshore therapists are highly knowledgeable in a variety of evidence based treatment approaches and techniques to optimize progress and achieve communication goals.

## **Non-Discrimination Policy**

Lakeshore Speech Therapy does not discriminate on race, color, national origin, religion, sex, gender, gender identity (including gender expression), sexual orientation, disability, age, ancestry, marital status, or family/parental status.

## **Cost of Services**

### **Evaluations**

- \* Speech and Language: \$350**
- \* Speech only/or/Voice only: \$225**
- \* Fluency: \$300**
- \*AAC: No insurance billing- Private Pay only \$400**

It is Lakeshore Speech Therapy's policy to collect an evaluation fee at the initial appointment. If insurance makes a payment on the claim, Lakeshore Speech Therapy will provide reimbursement or apply the amount to future therapy dates.

### **Speech Therapy (in-office)**

- \* \$35 per 15 minutes**
- \* \$70 for 30 minutes**
- \* \$105 for 45 minutes**

Evaluations last approximately sixty (60) minutes. Therapy sessions range from thirty (30) to forty-five (45) minutes. Duration is determined by the evaluating therapist based on the client's needs and ability to participate.

Social Skills Group rates vary depending on group content and length. There is no insurance billing for social skills groups.

### **Billing Policy**

Lakeshore Speech Therapy prioritizes top-notch care at fair and standard rates for speech therapy. Your designated guarantor, whether a parent, guardian, or yourself for adult clients aged 18 or older or emancipated, will handle all charges. We believe in clear communication and are always available to answer your financial questions.

Payment for evaluations is required in full at the time of service. Any payments made by insurance on said evaluation will be reimbursed or applied to future dates.

Payment is required at the time service is rendered unless the service has been prepaid or the family and Lakeshore have a predetermined arrangement regarding billing.

When billing a private insurance company, the client is responsible for contacting the company and determining eligibility, number of approved visits, amount of co-pay per session, etc. If the insurance company does not provide payment to us, the client will be responsible for the charges incurred. We are providers for Anthem/BCBS, Medical Mutual, NEON, and the Autism Scholarship. We will provide clients with paperwork to submit claims to out-of-network insurance companies upon request. For those clients who are out-of-network, payment is due in full on the date of services rendered.

Lakeshore Speech Therapy accepts cash, check, and credit card payments. In instances of returned checks, a \$50 fee will be assessed and applied at the next session.

Accounts more than 60 days overdue will be sent to collection, and services will be suspended or terminated. You will be provided with notification prior to suspension or termination of services by phone call, email, or in writing. Day one of the invoicing period is the date services were rendered. 1.5% will be charged to each 30 days after the 60 day overdue time.

### **Cancellation/No Show Policy**

Lakeshore Speech Therapy understands that there are times when you may miss an appointment due to illness or emergencies. Appointments canceled with at least 24-hour notice will not result in any charges. Failure to cancel the appointment in advance — apart from illness -- will result in a \$50 fee for the missed session and will be due at/by the next appointment. If more than 2 appointments are "no-shows" or "no call," your time slot will automatically be removed.

Please contact your therapist via their cell phone to cancel an appointment. Please do not call the main office line for cancellations. If it is necessary for Lakeshore to cancel an appointment, you will be informed in a timely manner.

### **Admissions to Speech-Language Services**

Individuals are eligible for speech-language pathology services when their ability to communicate effectively is reduced or impaired or when treatment will prevent the development of a speech, language, or communication disorder; reduce the degree of impairment; lead to improved functional communication skills and/or functional abilities; or prevent the decline of communication. The decision to admit an individual to speech-language pathology services in a school, health care, or other setting must be made in conjunction with the individual and family or designated guardian. A referral may stem from one or more of the following:

- Failure to pass a screening assessment for communication.
- The individual is unable to communicate functionally or optimally across environments and communication partners.
- A communication disorder has been verified through an evaluation by an ASHA-certified speech-language pathologist.
- The individual's communication abilities are not comparable to those of others of the same chronological age, gender, ethnicity, or cultural and linguistic background.
- The individual's communication skills negatively affect educational, social, emotional, or vocational performance, or health or safety status.
- The individual, family, and/or guardian seeks services to achieve and/or maintain optimal communication skills, including alternative and augmentative means of communication.
- The individual, family, and/or guardian seeks services to enhance communication skills.

Upon arrival for your pre-scheduled appointment, you will either bring your initial paperwork packet completed and signed or do so upon early arrival. Forms to be reviewed and signed include the consent for therapy form and the policies and procedures document. Lakeshore Speech Therapy encourages open lines of communication between private and public schools, homeschool personnel, medical professionals, and therapists. An authorization of release form must be signed by the parent/legal guardian giving consent to share information. Lakeshore Speech Therapy conducts a thorough and independent speech evaluation during the initial appointment, regardless of whether the patient has had a prior evaluation. Based on the test results and observations made by Lakeshore Speech Therapy, we will create a personalized plan of care. If insurance coverage limits multiple evaluations within a calendar year, the patient is responsible for paying the evaluation charge at the time of the appointment.

If a patient attends speech therapy during the summer and has an Individualized Education Program (IEP), an evaluation will not be required. Instead, the goals on the current IEP will guide the treatment plan. However, if the patient decides to continue therapy during the school year, an evaluation will be conducted to establish a personalized plan of care and establish new goals.

### **Discharge From Speech-Language Pathology Services**

Patient/client discharge from treatment occurs when the individual, family, or designated guardian, and speech-language pathologist as a team conclude that the communication disorder is remediated or when compensatory strategies are successfully established, as in the following scenarios:

- The speech, language, and communication disorder is defined within normal limits or is consistent with the individual's premorbid status.
- The goals and objectives of treatment have been met.
- The individual's communication abilities have become comparable to those of others of the same chronological age, gender, ethnicity, or cultural and linguistic background.
- The individual's progress has plateaued and therapeutic intervention is no longer deemed beneficial.
- The individual who uses an augmentative or alternative communication system has achieved optimal communication across environments and communication partners.

The individual has attained the desired level of enhanced communication skills.

In some situations, the individual, family, or designated guardian may choose not to participate in treatment, may relocate, or may seek another provider if the therapeutic relationship is not satisfactory.

The individual is unwilling to participate in treatment; treatment attendance has been inconsistent or poor, and efforts to address these factors have not been successful.

The individual, family, and/or guardian requests to be discharged or requests continuation of services with another provider.

Upon completing or discontinuing speech therapy at Lakeshore Speech Therapy, a formal discharge note will be prepared and sent by mail. If the patient requires additional copies of previously distributed evaluations, progress notes, or discharge notes, they can be provided upon request. However, if the patient wishes to have their information sent to another provider, school, or medical professional, an authorization-of-release form must be on file or signed.

### **Notice of Privacy Practice**

Lakeshore Speech Therapy will fully protect the privacy of client and family information. Lakeshore Speech Therapy abides by Health Insurance Portability and Accountability Act (HIPAA) rules. For more information on HIPAA rules and patient rights, visit the US Department of Health and Human Services website, [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/). Lakeshore Speech Therapy is permitted to make uses and disclosures of protected health information for treatment, payment, and health care operations, as described in the following:

Treatment: to share with your physician copies of the evaluation, treatment plan, or progress to obtain approval and/or recommendations.

For Health Care Operations: to access your health information for purposes of quality improvement within our facility.

For Payment: to send information to your health insurance plan for review and determination of coverage for therapy services.

Lakeshore Speech Therapy is permitted or required, under specific circumstances, to use or disclose protected health information without the individual's written authorization. Uses and disclosures will be made only with the individual's written authorization, and this authorization may be revoked. Lakeshore Speech Therapy is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information. Lakeshore Speech Therapy is required to abide by the terms of this notice currently in effect. Lakeshore Speech Therapy reserves the right to change the terms of this notice and will provide a written copy of the revised notice. Individuals have the right to file complaints with Lakeshore Speech Therapy and the Secretary of Health and Human Services if they believe that their privacy rights have been violated. Lakeshore Speech Therapy guarantees that there will be no retaliation against individuals who choose to make such complaints. Lakeshore Speech Therapy restricts the use and disclosure of protected health information (PHI), exceeding legal minimums and ensuring it's only shared for specific, essential purposes. Please refer to the most current copy of our Notice of Privacy Practices posted on the Lakeshore Speech Therapy website and in the office. A paper copy is provided upon request.

### **Complaints**

Lakeshore Speech Therapy encourages open communication and welcomes client feedback and concerns. The patient or their guardian are encouraged to share their thoughts in writing to Ellen Spear at Lakeshore Speech Therapy, 815 Crocker

Rd., Suite #3, Westlake, OH 44145. All complaints are taken seriously, without retaliation, and will be addressed in a timely manner.

### **Health and Safety**

Lakeshore Speech Therapy safeguards both clients and therapists through comprehensive infection control measures. Therapists wear gloves whenever handling bodily fluids, and thorough disinfection protocols are applied to all potentially contaminated toys and materials. We prioritize a cautious approach, treating all bodily fluids as potentially infectious. Lakeshore Speech Therapy fosters a safe and respectful environment for everyone. Any aggressive behavior –physical, verbal, or non-verbal – that disrupts this environment or inflicts emotional or physical harm on therapists or participants, regardless of frequency or severity, will not be tolerated. Such behavior may result in dismissal from therapy or social skills groups, ensuring everyone feels safe and supported in their growth. Lakeshore Speech Therapy prohibits firearms, pursuant to Ohio S. B. 215.

### **Photograph/Video Release**

All photographs taken by Lakeshore Speech Therapy staff or agents must obtain a signed release form from any person or guardian of children under the age of 18 years old who are visibly recognizable in the photograph. Permission to videotape a therapy session by a parent must be approved by the therapist prior to the session

### **Client Progress Reports**

Detailed progress reports are prepared twice yearly, outlining client advancements based on data collected throughout individual therapy sessions. These reports are available to families, school districts (as relevant), and referring physicians, facilitating informed decision-making and continuity of care.

### **Credentials**

Lakeshore Speech Therapy prioritizes exceptional care. Our contracted Speech-Language Pathologists are all American Speech-Language-Hearing Association (ASHA) accredited and hold valid Ohio Board of Speech-Language Pathology for both in-person and tele practice therapy.

### **Termination of Services**

Lakeshore Speech Therapy or Clients/Families can terminate services at any time or for any reason. Please disclose any questions, comments, and concerns, at any time so that we can address these as soon as possible. At the reporting period and/or termination of therapy services, a client feedback form will be provided to obtain satisfaction information. A client is discharged from speech-language therapy services when goals are achieved or due to a no-call/no-show for two (2) consecutive scheduled appointments. See discharge section for more information.

### **Summer Policy**

There will be no leeway for “no-show” appointments during the summer; the appointment time will be removed.

### **Website Information Disclaimer**

Lakeshore Speech Therapy website is designed for informational purposes only. The contents of the website are not medical, legal, technical, or therapeutic advice and should not be construed as such. The information contained herein is not intended to substitute for informed professional diagnosis, advice, or therapy. The listing of publications, opinions, treatments, professionals, and organizations on this website does not imply endorsement by Lakeshore Speech Therapy.

If policies or procedures are modified, Lakeshore Speech Therapy will notify clients of the modifications and direct them to obtain a new paper copy upon request or to read on our website and in the waiting room.

I, \_\_\_\_\_, attest that I have read, understand and agree to all of the policies and procedures outlined by Lakeshore Speech Therapy. I attest I will abide by these policies.

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Signature of Parent/Guardian -or- Client (if over 18)

Date