

PATHWAY PROGRAMS, INC.
Coleen Stinson, M.S., CCC/SLP
PEDIATRIC THERAPY SERVICES
156 Peachtree East #149
Peachtree City, GA. 30269
Ph: (678) 481-6444
Fax: (678) 817-7652

Fees for Services

Speech, Language, and Feeding Therapy in home: \$85/hr; \$50/half hr

*The therapist will come to your home or school setting and provide direct treatment with your child. The therapist will provide verbal and written feedback and suggestions. These sessions can occur at any interval, as agreed upon with the family.

Speech and Language Consultation in the home: \$60.00/hour

*The therapist will come to your home, office or other agreed upon setting to discuss current issues, problems, treatments, techniques and resources to assist you in working with your child. Verbal and written suggestions will be provided by the therapist. It is preferable that the child be present during the visit. These sessions can occur once per week, once biweekly, or monthly.

Speech, Language and Feeding Evaluation/Re-evaluation: \$150.00

*The therapist will come to your home or school setting and evaluate your child for speech, language, feeding, behavioral, and cognitive issues. Some of this time will involve parent interview, and some will involve direct play and work with your child. The evaluations typically last one to two hours, but are variable, depending on your child's needs and cooperation during testing. The therapist will provide a written evaluation, combining interview and direct observation and testing results. If your child qualifies, the therapist will, in detail, discuss the evaluation with you at your child's first visit. If your child does not qualify, the therapist will mail your evaluation and discuss with you, over the phone, your child's scores and any helpful suggestions he/she may have. Evaluations are necessary before treatment can begin. Re-evaluations are completed every 6 months to a year dependant on progress and need.

Your child's insurance will be charged first and any payments will be applied. You will only be billed for deductibles and if the insurance denies coverage or covers less than 90% of fees. If you have Medicaid you will not be billed unless your child's eligibility is denied and you do not notify us before your visit.

I agree to the terms listed in this schedule and will be responsible for payment within 30 days of receiving my monthly bill, or face 2% monthly interest penalties.

Payee's Signature and Date