



HUDSON  
33 MILFORD DR  
HUDSON, OH 44236  
330-655-0946

FAIRLAWN  
150 N MILLER RD  
SUITE 150 A  
AKRON, OH 44333  
330-867-2240  
330-630-3198

MEDINA  
750 E WASHINGTON ST  
SUITE C-3  
MEDINA, OH 44256  
330-952-0403

## OFFICE AND FINANCIAL POLICY

LLA Therapy has been in business since 1990. We are a dynamic full service therapy company in multiple settings which include early intervention, preschool, school age and adults. Our mission is to improve the lives of our families through the therapy services provided by our highly qualified clinicians. It is important to us to support our clinicians through specialized therapy placements and professional growth opportunities, while providing them a nurturing clinical support team. Our goal is to set the standard for state of the art clinical and ethical therapy services in all venues serviced by our clinicians.

The following explanation is intended to promote a better understanding of our office and financial policies and to develop a comfortable relationship between our patients and staff.

**Cancellation/No-Show Policy:** All appointments are scheduled and reserved exclusively for you. Please notify us at least 24 hours in advance if you cannot keep your appointment. Failing to cancel an appointment in advance will result in a \$25.00 'No Show' fee. Due to high demand of our openings, if you cancel 2 weeks in a row you will be removed from the schedule. *We encourage you to reschedule any appointments that you need to cancel in an effort to maintain progress. If your therapist is not available on another day we are happy to reschedule with a different therapist. All of our therapists have access to previous records.*

ALL cancellations and reschedules must be handled directly by Susan. Call 330-867-2240 or email [sboose@llatherapy.org](mailto:sboose@llatherapy.org) Initials \_\_\_\_\_

**Late for Appointment Policy:** If you are late for an appointment for any reason, we will still honor your appointment, but please note that we will still need to end your appointment at the originally scheduled time and we will still bill for the full session. Initials \_\_\_\_\_

**Payment for Services:** Payment in full is due at the time services are rendered. If you have insurance, your estimated family co-pay is due at the time services are rendered. If you have a deductible that is not met, the estimated amount that will be applied to your deductible is due at the time services are rendered. Our private-pay rates are exclusively for clients that are not using insurance. Initials \_\_\_\_\_

**Insurance Coverage:** All charges on your account are your responsibility, whether or not they are covered by or paid by your insurance company. We will submit claims to your insurance company as a courtesy to you as long as we have your complete information. Our financial relationship is with you, not with your insurance company. We will call your insurance company to verify benefits but please note they will only provide a quote of benefits and will never guarantee coverage. We encourage you to check your own benefits as well. Coverage for therapy is often diagnosis driven so it's important to verify if there are any diagnosis exclusions on your policy, although some companies will not provide this detailed information and simply state that services are based on medical necessity. In the event your insurance company denies coverage, we will adjust the charges on your account to our private-pay rate and bill you directly. Initials \_\_\_\_\_

**Therapy Equipment Policy:** We understand the need to bring siblings, friends, etc to an appointment. Please note that our therapy equipment is only intended to be used by the therapist and the child they are treating. For safety and liability reasons, all children other than the patient, are prohibited from using/playing with the equipment. Toys and books are available in the waiting area. Initials \_\_\_\_\_

**Parents in Room Policy:** We encourage parents to observe therapy sessions in order to learn strategies to take home, however, it is not required. If the therapist feels that having the parent present in the therapy room may be affecting the behavior or attention of the child, they may respectfully ask that the parent remain in the waiting area during treatment sessions. Initials \_\_\_\_\_

For directions and information about us, check out our website, [www.LLAtherapy.org](http://www.LLAtherapy.org)

**Therapy Rates:**

Speech Evaluation: \$250

Speech Therapy: \$72.00 (per 30 minute session)

Occupational/Physical Therapy Evaluation: \$250.00

OT/PT Treatment: \$150.00 (per 60 minute session)

Feeding Evaluation: \$250.00

Feeding Therapy: \$72.00 (per 30 minute session)

ABA Therapy: Please inquire, vbroderick@llatherapy.org

**If you are not using insurance, please inquire for discounted rates.**

**Client's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Responsible Party (Printed Name) :** \_\_\_\_\_

I have read and agree to all terms in the Office and Financial Policy provided by LLA:

X  
\_\_\_\_\_  
Signature Date

I acknowledge that I have read the "Notice of Privacy Practices" provided by LLA:

X  
\_\_\_\_\_  
Signature Date

Revised 12/31/2015