

COMPREHENSIVE LITERACY & SPEECH

ABN: 68118771343

Private and Medicare Funded Service Agreement and Policy Summary

Thank you for contacting Comprehensive Literacy and Speech. We look forward to working with you, your child and any other practitioners who provide you with ongoing support. This document includes a service agreement and provides you with a summary of our fees and essential information that help make our services run smoothly. Please scan and email or post the document back to literacynspeech@gmail.com or PO Box 71, Mirboo North 3871.

Previous assessments: Scanned copies of relevant reports completed during the past twelve months or documents detailing any diagnoses can be attached when returning registration documents. These may also be brought to your initial appointment where copies can be taken.

Privacy Policy: All communication and information you provide is stored securely and only shared with your permission. Comprehensive Literacy and Speech complies with state and federal Privacy Requirements (The Privacy Act 1988). A copy of our Privacy Policy is available online or on request.

Cancellation Policy: Please respond to the programmed SMS 24 hours before appointment or if unavoidable (due to illness) leave a short voicemail by 8.00 am on the day to cancel a session. It is the parent's responsibility to be aware of school-based events which may impact session availability and alert the therapist as soon as possible in order for adjustments to be made to school schedules wherever possible.

- The client may cancel an appointment by giving at least 24 hours prior notice in which case no session fee will be incurred.
- **Failure to notify cancellation within 24 hours (or before 8am as per above circumstances) will result in the full session fee being billed to the family.**
- It is important to note that cancellation fees are not billable to Medicare or other funding agencies such as Helping Children with Autism
- If the therapist is unable to conduct a scheduled session parents will be notified as soon as possible and an alternative time will be negotiated

Communication: Session notes and invoices will be sent via email within 48 hours of each session. Arrangements can be made to email session notes to your child's teacher and other team members as required with appropriate permission. Occasional newsletters, updates and general communications will also be sent via email. SMS works well for quick updates and is an additional safety measure if I see your child during school hours when you are unable to attend sessions. Please feel free to store my mobile number for easy recognition and use.

Funding: Comprehensive Literacy and Speech (Rosemary Hughes) is registered for provision of Speech Pathology services under the Medicare Enhanced Primary Care Plan (EPC), Private Health Insurance Companies, Helping Children with Autism and can provide services to NDIS participants who are plan or self-managed. It is best to contact your Health Insurance Company to clarify rebates and annual limits for Speech Pathology services. ***NDIS participants need to complete an alternative Service Agreement form available on the website.***

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Medicare Claims

If you have a Chronic Disease Management Plan (CDM) now known as an **Enhanced Primary Care Plan (EPC)** set up we will need all referral and plan information **PRIOR** to starting sessions. For all Medicare Schemes there is a gap payment that you are required to pay. **Payment of the whole amount is required on receipt of invoice.** Comprehensive Literacy and Speech can then process your claim through the Medicare Portal and the rebate will be transferred into the bank account you have registered with Medicare via electronic funds transfer (EFT).

Helping Children with Autism

For those families using Department Social Services **Helping Children with Autism**, (HCWA) a copy of the Letter of Introduction is essential to set up the payment scheme, please provide this with the return of the Service Agreement. It is the parent's responsibility to monitor and advise of funding levels. In the event that there are insufficient funds to cover the cost of therapy sessions or therapy resources that have been provided the cost will be billed to parents privately.

Medicare (EPC/HCWA) claims require; The client's 1. Medicare number 2. Reference number and 3. Expiry date AND The claimant/ Parent's: 1. Date of birth 2. Medicare number 3. Reference number and 4. Expiry date. *Please complete details on the following page

Ending this Service Agreement

If either Party wishes to end this Service Agreement, they must **give notice 2 weeks prior to ceasing.** If either Party seriously breaches this Service Agreement the requirement of notice will be waived.

Service Agreement for Speech Pathology

Child's Name:

Parent/ Carer:.....
(Person named above is responsible for payment of the registered client's service charges)

Preferred email:

Preferred phone (SMS reminders will be sent to this number):

Consent: Please ~~strike out~~ option(s) you wish, so that it reads as you intend.

I do / do not provide consent for Rosemary Hughes to work with my child and store relevant information.

I do / do not provide consent for Rosemary Hughes to communicate electronically, verbally and in writing with all members of my child therapy and education team.

I do / not provide consent for Rosemary Hughes to take photos and/ or record audio or video during therapy sessions that assist in the assessment or teaching of my child. These materials can be messaged to a parent on request, will be deleted after use or can be stored with appropriate security by the therapist (Please select preferred option).

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My agreed payment method is:

- Electronic Fund Transfer** on invoice (preferred)

Internet Transfer: BSB: 633-000 Acc. Name: R A Hughes Acc. No: 150429694

- Health Fund Name:**

Member number: Client ID/ reference No. ____

- School Funded** (Catholic/ Independent school)

Contact Person Phone

Email for invoices

- Billed to a funding scheme** (Requires a referral letter)

- Helping Children with Autism (HCWA)

- Enhanced Primary Care Plan** (EPC)

Client Medicare No. Reference No. ____ Expiry Date/.....

Parent/ Claimant's Date of Birth:/...../..... Reference No. ____ Expiry Date/.....

Fees and Payment:

I am aware of the **cancelation policy** and the need to notify the therapist 24 hours prior to the appointment or by 8.00 am on the day of any scheduled session in the case of illness/ emergency in order to avoid the full fee being charged.

I am aware of the **fee schedule**, the gap payment required with Medicare items and the rebate and limits associated with private health insurance claims as applicable.

I am aware that **fees may be subject to an annual increment** on July 1st of each year in line with NDIS reviewed recommendation.

I understand that **prompt payment of accounts within 48 hours** (unless otherwise negotiated/notified) will ensure ongoing therapy service provision. Late payment may incur a late fee of \$45 (not rebated by Medicare/ NDIS) and will put further scheduled appointments at risk of cancellation with a 3 strikes policy applied for consistent late payment

I accept the terms of this service agreement.

Name: _____

Signature: _____ Date: _____

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Fee Schedule (Current from 1st July 2022)

Speech- Language Therapy		
Speech-Language therapy session 30 mins	Health Fund/ Medicare rebates available	\$90:00
NDIS Speech-Language-Communication session 30 mins	*Additional reporting & admin requirements	\$95:00
Speech-Language therapy session 45 mins	Health Fund/ Medicare rebates available	\$140:00
NDIS Speech-Language-Communication session 45 mins	*Additional reporting & admin requirements	\$145:00
Speech-sound assessment and brief report	Health Fund/ Medicare rebates available	\$190:00
Preschool Language assessment (Preschool/ ID) Peabody Picture Vocabulary Test PPVT-5: (60 mins) Articulation summary of observations: (30 mins) Analysis and report writing (2 hours) Test subscription and individual test scoring	Health Fund/ Medicare rebates available	\$600:00
Renfrew Action Picture Test (RAPT) and Articulation Survey (45 mins) plus report. Transcription, calculation of MLU and analysis plus report writing (2 hours)	Health Fund/ Medicare rebates available	500.00
Full Language Assessment and Report (Assessment session: 60-90 mins, online test & scoring costs, data analysis and report writing: 90-120 mins)	Health Fund/ Medicare rebates available	\$600:00
Re-assessment of specific language skills 30 minutes plus analysis of results and detailed feedback Use of 3-5 subtests	Health Fund/ Medicare rebates available	250.00
Summary Letter A letter summarising client history; as a request for additional support or further referral. Suitable for GP, paediatrician or school review	No Health Fund/ Medicare Rebate	280.00
Specific Literacy Assessment		
Literacy Assessment: Standardised tests of reading and spelling and a brief report on results Schonell Reading & Spelling TOC Orthographic Spelling Castles & Coltheart Reading Informal writing sample	No Health Fund/ Medicare Rebate	\$280:00

Please do not hesitate to contact me with any queries or if I can be of further assistance

Rosemary Hughes

Master of Speech Pathology, CPSP
Speech Pathologist

Diploma of Education (Primary), Graduate Diploma of TESOL, Master of Educational Leadership (Literacy) Specialist Literacy Teacher

Contact: 0488781407

literacynspeech@gmail.com