



September 2019 Financial Policies

Clients are responsible for payment of all services received that are NOT in network with BCBS PPO. Payment is due at the time of service.

Services are provided at the following fee schedule:

\$300	Speech-Language Assessment with formal report (50-80 minutes)
\$200	Informal Speech-Language Assessment without formal report (30-40 minutes)
\$148	60 minute therapy session (55 minute session, 5 minute notes/parent contact)
\$110	45 minute therapy session (40 minute session, 5 minute notes/ parent contact)
\$75	30 minute therapy session (25 minute session, 5 minute notes/parent contact)
\$47	45 minute group (40 minute group, 5 min notes/parent contact)
\$110/hr	attendance at IEP meetings and school observations

Third Party Payers

Social Butterfly Inc. agrees to file insurance claims for BCBS IL on behalf of the client. However, filing claims does not release client from responsibility for payment. Unpaid claims within 60 days of filing are billed to the client. If payment from the third party payer is received after the client has paid the balance the client will be issued a refund.

***Clients are responsible for tracking maximum visit caps. Social Butterfly Inc. will not track visit caps.**

Co-insurance and Deductibles

Most third party payers require a co-payment or co-insurance from the client. This fee is due at the time of service. Many third party payers require that the client pay a set amount (deductible) prior to being able to access their benefits. Clients will be charged their deductible when applicable. This amount is unknown until the first claim is processed and received by Social Butterfly Inc. Clients responsible for tracking deductibles and copays/co-insurance.

Clients will not be invoiced for services. The credit card on file will be charged. If you need a monthly statement please notify the office administrator and one will be provided for you.