



# Palm Beach Speech-Language Specialists

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## AUTHORIZATION FOR TREATMENT

I, \_\_\_\_\_ give my permission for Palm Beach Speech-Language Specialists to conduct professional therapy services for my child \_\_\_\_\_.

I agree to pay the following amount:

\$75.00 30 min treatment

\$150.00 1 hour treatment in office/\$175.00 1 hour treatment in home

\$450.00 Speech, Language and Communication Evaluation with Written Report

\$750.00 Developmental Evaluation

X \_\_\_\_\_

(Signature)

Payment will be made at the time of service.

Weekly treatment sessions will be paid at the end of the week for all treatment sessions accrued during that time period.

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I will leave payment each week @ office, home, or my child's school

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I authorize PBSLS to charge my credit card each week for services rendered (please complete credit card authorization form)

Please provide the following information:

Address:

\_\_\_\_\_

Email:

\_\_\_\_\_

Phone:

\_\_\_\_\_