



Palm Beach Speech-Language Specialists

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:

\$80.00 30 min treatment

\$155.00 1 hour treatment in office/\$180.00 1 hour treatment in home

\$550.00 Speech, Language and Communication Evaluation with Written Report in office

\$595.00 Speech, Language and Communication Evaluation with Written Report in home

\$755.00 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.

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

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:
