TELE-INTERVENTION AT UTAH STATE UNIVERSITY
Department of Communicative Disorders and Deaf Education
Listening and Spoken Language Intervention Services

Speech, language, and listening services after receiving cochlear implants or hearing aids provided via video-conferencing from the comfort of your own home!
Available to children and adults of all ages

What is tele-intervention?
- Tele-intervention (TI) allows patients to receive services through a video connection. Clients sign into a no-cost video conference site and connecting with a service provider at Utah State University (USU).

Who can utilize tele-intervention?
- The TI program at USU is for children and adults of all ages, including:
  - Infants and toddlers (birth to age three) who use hearing technology to develop listening and spoken language. Services have a strong ‘parent coaching’ component to help parents learn strategies for helping their child develop spoken language within their natural home environment.
  - Preschool and school-age children who would benefit from additional services outside of their regular school day activities.
  - Older teens and adults who recently received a cochlear implant and who could benefit from short-term supports in learning to use this technology and maximizing their listening benefit.

Why is intervention needed after receiving cochlear implants or hearing aids?
- After receiving cochlear implants or hearing aids, the brain must learn a new way of listening to make sense of the sounds being heard.

What are the benefits of tele-intervention?
- Expertise: All services provided or supervised by licensed professionals with expertise in LSL development.
- Convenience: Services are provided from the comfort of your own home.
- Consistency: Services are more consistent because of fewer missed visits due to minor illness or weather.
- Access: Services available anywhere that has an internet connection.

Are the services as beneficial as face-to-face services?
- Research shows TI services offer equal or greater benefits than face-to-face services.

Do I need special equipment to sign up for tele-intervention?
- All you need is a computer or a tablet device with a camera and access to the internet.

What is the cost for tele-intervention? Will my insurance cover it?
- TI services may or may not be covered by insurance depending on provider and insurance plan. Payment options are available regarding discounts for payment in advance. Please see back of page for service delivery options and prices.

Find out if tele-intervention is right for you!
Whitney Wright (435)797.0835
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1Internet Service with minimum of 2.0 Mbps upload speed is preferred for optimal signal.
Utah State University Listening and Spoken Language Intervention Services

Client Financial Agreement for Therapy

Effective thru June 30, 2017

The USU Listening and Spoken Language (LSL) Services in the Department of Communicative Disorders and Deaf Education (COMDDE) provides LSL intervention for infants, toddlers, school-age children, and adults with hearing loss. Licensed speech-language pathologists and deaf educators provide services. Graduate student clinicians work under the supervision of licensed providers. Service delivery options include in person services and tele-intervention services.

<table>
<thead>
<tr>
<th>FEE SCHEDULE</th>
<th>PAYMENT APPROACH</th>
<th>SESSION LENGTH / FREQUENCY</th>
<th>INDIVIDUAL THERAPY</th>
<th>PAYMENT CHOICE: check one box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester discount</td>
<td>I will pay personally at the start of semester (prior to first session)</td>
<td>50 minutes / 1 x per week (15 sessions)</td>
<td>$250 per semester</td>
<td>☐</td>
</tr>
<tr>
<td>Fall / Spring (15 or 30 session packages over a 15-week period)</td>
<td>50 minutes / 2 x per week (30 sessions)</td>
<td>$400 per semester</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Short-term services</td>
<td>I will pay personally at the start of the month (prior to first session)</td>
<td>50 minutes / 1 x per week (4 sessions)</td>
<td>$70 per month</td>
<td>☐</td>
</tr>
<tr>
<td>(4 or 8 session packages over a 4-week period)</td>
<td>50 minutes / 2 x per week (8 sessions)</td>
<td>$110 per month</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Session discount</td>
<td>I will pay personally at each session</td>
<td>50 minutes</td>
<td>$45 per session</td>
<td>☐</td>
</tr>
<tr>
<td>Full Fee</td>
<td>Send me a bill for each session</td>
<td>50 minutes</td>
<td>$60 per session</td>
<td>☐</td>
</tr>
<tr>
<td>Full Fee</td>
<td>Bill my insurance</td>
<td>50 minutes</td>
<td>$60 per session</td>
<td>☐</td>
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</tbody>
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Terms of Agreement

- For discounted rates, there are no refunds for missed sessions (due to client/clinician illness, etc.). Make-up sessions will be offered, if possible.
- We accept most insurance plans except Medicare and Select Health; check with the COMDDE billing specialist regarding your insurance plan if you would like our clinic to bill your insurance.
- Reduced fee arrangements are available if you meet eligibility requirements; the billing specialist can assist you in determining your options.
- You are responsible for all charges for services provided to you or your dependent by COMDDE.
- If your account becomes 30 days delinquent interest will begin to accrue and accounts more than 120 days delinquent may result in legal, attorney, and collections costs if such services are required. By your signature below, you authorize the release of all relevant information to a collection agency should that become necessary.
- You will be charged a $25.00 service charge for all returned checks.
- A $5.00 administrative fee will be assessed to all clients if an appointment is not canceled prior to the scheduled time.

By signing below, you certify that you have read and understand this agreement and have full knowledge of its meaning and effect. You may request a copy of the COMDDE billing procedures at the front desk.

Client Name ____________________________ Date ____________________________

Signature of Client, Parent or Legal Guardian ____________________________________________

Address ____________________________________________

Phone ____________________________ Email: ____________________________