



**2009-2010
Fees and Insurance
Worksheet**

Baby Talk

Fee of \$250 for 10 weeks per semester

If you can verify that your insurance will pay for group therapy then the fee will be waived.

Preschool - upon acceptance into the program all payments will be auto drafted

_____ 2 yr olds T/TH (9:30-12:30) \$250/mo X 10 mo = \$2,500 per yr

_____ 3 & 4 yr olds M/W/F (9:30-12:30) \$350/mo X 10 mo = \$3,500 per year

Daycare - AM care/PM care and Full time care

_____ Full time Care (7:00-5:30) \$500/mo. (preschool is included in the full-time care cost)

_____ AM care 2.5 hrs per day (7-9:30) \$ 2.50 per hours with a minimum of 5 hrs per week

_____ PM care 5 hrs per day (12:30-5:30) \$2.50 per hours with a minimum of 5 hrs per week

Clinical Fees— Speech and Language Therapy—All Billing is billed through Metro Nose Ear and Throat, Dr. Fred Owens and Dr. Robert Owens. (If your insurance does not cover therapy cost we will meet with you separately and discuss financial options available)

Name of Insured _____

Employer _____

Name of Insurance _____

ID Number _____

Group Number _____

Date of birth of the insured _____

Address of Insurance _____

Contact Number of Insurance _____

(Please send a current copy of your insurance card front and back)

_____ Yes, I understand that all Program Fee's are automatically drafted: I have completed the automatic draft signature card.

I have applied for monies from United Healthcare to offset therapy fee's (please circle) yes or no

I have applied for the AGBell preschool scholarship to help my family pay for tuition and fees for programs at the hearing school. (please circle) yes or no

I need additional help to make tuition payments. yes or no

I have completed a Founder's Scholarship Application yes or no

Signature or Parent (Legal Guardian)

Date

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