



Fee Schedule – ST

The following is the current Fee Schedule for services to be provided by Arise Therapies, LLC, and/or its consultants. Arise Therapies, LLC, reserves the right to change and/or modify the fees set forth below. In the event of any increase to the Fee Schedule, you will receive thirty (30) days advanced notice before changes take effect. Payment for all fees shall be due at time of service and payable in accordance with the Financial Policy.

Evaluations	Fee
Evaluation of Speech (92522, 92507)	\$190
Evaluation of Fluency (92521, 92507)	\$190
Evaluation Feeding/Swallowing (92610, 92526)	\$190
Evaluation of PVFM (92524, 92507)	\$190
Evaluation of Voice with Laryngeal Function Study (92524, 92520)	\$190
Evaluation of Speech & Language – ages 4+ (92523, 92507)	\$250
Evaluation of Speech & Language with Developmental Testing – under age 4 (92523, 96112, 92507)	\$305
Evaluation of Aphasia, with report (96105)	\$285
Developmental Screening (96110)	\$15

For therapy sessions, private pay patients who pay full fee charges at time of service will be given a prompt pay discount at each session. Discounted pre-pay packages are also available – please contact Arise Therapies, LLC at 615-241-0122 for more details.

Therapy	Fee
Speech, Language, or Voice Therapy (92507) (30 minutes)	\$65
Feeding or Swallowing Therapy (92526) (30 minutes)	\$65
Cognitive Function, each 15 mins (97129 / 97130)	\$32.50

I have received a copy of the Arise Therapies, LLC Fee Schedule.

Signature: _____

Date: _____

Printed Name: _____

If signing as a parent or guardian,

Name of patient: _____

Relationship to patient: _____