Fall / Spring Semester

UNIVERSITY OF CENTRAL MISSOURI / Welch-Schmidt Center for Communication Disorders

Name of Client | Date of Birth | Age | Date of Service

Address: City, State Zip Code | Phone #

Diagnostic Services

Audiology

___ Basic Evaluation: $45.00
Pure Tone, SRT/Disc., Impedence, and Interpretation of Results
___ Pure Tone $15.00
___ SRT/Disc $15.00
___ Impedance $15.00
___ Special Tests @ $15.00 each (listed below) $ ____
1 _____ 2 _____ 3 _____
___ Hearing Aid Evaluation/Counseling $45.00
___ Central Evaluation (Central Auditory Processing) $30.00
___ Conditioning for Children (no results) $15.00
___ Hearing Screening $10.00
___ Consultation: $10.00
(client, spouses, parent and/or guardian, student clinician, supervisor)

Speech Language

___ Basic Evaluation: Articulation, Language, Fluency, Voice, $45.00
Hearing, Screening, Interpretation of Results
___ Reevaluation within one year $15.00
___ Speech-Language Screening $10.00
___ Consultation: $10.00
(client, spouses, parent and/or guardian;student clinician, supervisor)

Fees are subject to change

All diagnostic fees are due upon receipt of services unless prior arrangements have been made through the Director of Clinical Services.

Management/Treatment fees are payable within 10 days of the initial date of the services unless other arrangements have been made with the Director of Clinical Services

Management / Treatment Services

___ Diagnostic Therapy _____ @ $25.00 per session _____
Dates: _____ _____ _____ _____

___ Management/Treatment Sessions: M/T Sessions are approximately 50 minutes in length
_____ 4 x a week $200.00
_____ 3 x a week $150.00
_____ 2 x a week $100.00
_____ 1 x a week $50.00

___ Early Childhood Communication Preschool $150.00
This program provides 4 hours per week of individual group management/treatment programming designed to increase the frequency and appropriateness of a child's communication behavior. A parent program is also provided.

Reduction in fees applies due to:

___ Faculty / Staff
___ Student
___ Senior Citizen (>65)
DX: $25.00
M/T: 50% disct.

___ Emeriti Faculty
___ Medicaid (copy card on back)
___ MC+ (copy card on back)
Other: _____

Total Amount Due: $ _____

Date Paid: _____ ___ Cash ___ Check # _____
Make Checks payable to: UCM

CLINICIAN(S) NAME: _____