

FEE AGREEMENT - EVALUATIONS
UCA Speech-Language-Hearing Center

Evaluations	Evaluation Rate for annual income of \$20,000 and up	Evaluation Rate for annual income of \$19,999 and under
Speech & Language Evaluations	\$50	\$25
Literacy/Dyslexia Evaluations	\$100	\$50
Hearing Evaluations	\$50	\$25
Auditory Processing Evals	\$100	\$50
Occupational Hearing Device Eval	\$100	\$100
Newborn Hearing Screening	\$25	\$15
Ear Impression	\$10 per ear	\$10 per ear
Custom Hearing Protection Device	Ask for quote (price varies)	Ask for quote (price varies)
Voice Evaluations	\$50 (Stroboscopy will be an additional \$100)	\$25 (stroboscopy will be an additional \$50)

- ✧ **Payment:** Payment is due at the time of the evaluation. We accept debit or credit cards, checks and exact cash. The evaluation report will be held until payment is made.
- ✧ **Insurance:** We are not able to bill any insurance providers, including Medicaid. You may file a claim with your insurance company and we can provide documentation if needed.
- ✧ **Refunds:** All payments are non-refundable.
- ✧ **UCA Faculty/Staff/Student Discount:** Current UCA faculty, staff, students and their house-hold family members will receive a 20% discount on all rates. Does this apply to you? ☐ Yes ☐ No

☐ Check here if you are eligible for **Medicare** (not Medicaid)

Please sign and return this form along with case history

Name of client: _____

Parent/guardian name: _____

Address: _____

Home phone: _____

Cell phone: _____

Annual income (please check): ____ above \$20,000 ____ below \$20,000

By signing below you agree to pay the fee above at the time of the evaluation.

Signature

Date

The UCA Speech Language Hearing Center shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.