



### Applied Behavior Analysis Private Pay Fee Schedule:

Payments for A.B.A. Services are charged on a flat rate fee schedule based on the number of hours per week you have committed to instruction for your child.

**Initial \_\_\_\_\_ Individual Therapy Rates (in clinic):** Rates are as follows: \$105.00 per hour with a BCBA-D, \$85.00 per hour with a BCBA, \$60.00 per hour with a BCaBA and \$40.00 per hour with a behavior instructor. Additional hours/sessions will be assessed at the same rates and will be added to your weekly account balance. (Fees are subject to change)

**Initial \_\_\_\_\_ Individual Therapy Rates (in community/home):** Rates are as follows: \$115.00 per hour with a BCBA-D, \$95.00 per hour with a BCBA, \$70.00 per hour with a BCaBA and \$50.00 per hour with a behavior instructor. Additional hours/sessions will be assessed at the same rates and will be added to your weekly account balance. (Fees are subject to change)

**Initial \_\_\_\_\_ Travel:** A fee of \$1.00 per mile will be assessed for all activities occurring outside of the Great Strides Clinic/School. This includes but is not limited to in home therapy, therapy in the community and attendance in meetings with other health care professionals or educators.

**Initial \_\_\_\_\_ Supervision requirements:**

1. Programs taught by Board Certified Behavior Analysts (Masters or Doctoral level)
  - a. Do **NOT** require supervision.
2. Programs taught by Board Certified assistant Behavior Analyst
  - a. Require 1 hour of supervision by a Board Certified Behavior Analyst for every 12 hours of instruction.
  - b. Rates for supervision: Doctoral level: \$105 Masters Level \$ 85
3. Programs which are being taught by Behavior Instructors who are awaiting certification.
  - a. Require 1 hour of supervision, by a Masters or Doctoral level Behavior analyst for every 12 hours of therapy conducted.
  - b. Rates for supervision: Doctoral level: \$105 Masters Level \$ 85

**Initial \_\_\_\_\_ Late Fees:** Please try to arrive 10 minutes before the end of your child's therapy session so your therapist may discuss how the session went. If you are late (after the therapy time is over) your account will be charged a late fee of \$1 per minute that you are late. **This includes if your child's therapy is billed to your insurance carrier.**

**Initial \_\_\_\_\_ Absences:** Each child will be allowed 3 days per quarter (3 months) for illness or other unexpected absences. Absences that occur beyond 3 days will be charged to you as if your child had attended therapy at the rate discussed in the above fee schedule.

**Initial \_\_\_\_\_ Additional Services:** Additional services can be requested by the parent or guardian such as attendance at IEP meetings, attendance at Doctor's appointments, observations at schools, etc. These additional services will be charged at the rate discussed in the above fee schedule. Please consult the ABA Intake Packet for a list of services that our department provides.

**\*\*\* This agreement will remain in effect for the duration of you child's therapy with Great Strides Rehabilitation. \*\*\***

**Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_**