



**The Pauline K. Winkler
Speech-Language-Hearing Center**

at

The College of Saint Rose
432 Western Avenue
Albany, NY 12203

(518) 337-4914 / Fax: (518) 337-2313

Director of Clinical Services, Melissa Spring, M.S., CCC-SLP
Coordinator of the Winkler Center, Grace Paster, M.A., CCC-SLP
Director of TBI Medicaid Waiver Services, Julie Hart, M.S., CCC-SLP
Coordinator of Early Intervention & Preschool Services,
Colleen Fluman, M.Ed., CCC-SLP

We are pleased that you have chosen the Pauline K. Winkler Speech-Language and Hearing Center for your services. Enclosed you will find our intake paperwork. Before an evaluation or therapy can be scheduled, all paperwork must be received and processed by our office. Please complete the case history form and insurance registration form enclosed. You will also need to obtain a script from your child's pediatrician or your primary care physician and make a copy of the front and back of your insurance card.

Once received, the insurance coordinator will be contacting your insurance company to find out if they offer coverage for your services. You will then be contacted by our Winkler Center coordinator to schedule the evaluation or therapy and they will inform you of the fee. If the insurance company does not provide coverage for our services or if you wish to private pay, the fee for a 2-hour evaluation is \$175.00 and a 45 minuet therapy session is \$73.00. Currently we are accepting most insurance. **Any insurance co-pay will be due on the date of service.**

Should your insurance decline to pay for this service you are directly responsible for payment. If your school district is covering the cost of the evaluation, we require a written agreement for payment from your school district prior to the evaluation date.

Thank you for providing us with this information. If you have questions, feel free to contact me at (518) 337-4914 or tuckerm@stroσε.edu. **All evaluations and therapy take place at 1009 Madison Avenue, Albany, NY 12203.**

Sincerely,

Micheala Tucker
Office Assistant

Paperwork Checklist:

___ **Case History Form**

___ **Insurance Registration Form**

___ **Script**

___ **Front and Back of Insurance Card**

***We are unable to schedule an evaluation without all the paperwork listed above.**