



**BRIGHT  
BLOOMS**

THErapy SERVICES

19021 N. Dale Mabry Hwy  
Lutz, FL 33548

[www.brightbloomstherapy.com](http://www.brightbloomstherapy.com)



# PARENT HANDBOOK

WELCOME TO BRIGHT BLOOMS THERAPY

# Welcome Message

At Bright Blooms Therapy, we believe every child deserves a strong start—and that journey begins with personalized, compassionate support. We are honored to welcome you and your family into our community.

Our mission is rooted in excellence, collaboration, and care. Through our in-home and community-based services, we provide evidence-based speech, language, literacy, feeding, and social skills interventions that empower children to communicate, connect, and thrive.

We recognize that every child is unique, and so is every family. Whether your child is taking their first steps toward speech and language development, building early literacy skills, or strengthening their ability to interact with the world around them, we're here to walk alongside you every step of the way.

At Bright Blooms Therapy, we're more than a therapy provider—we're a team of passionate professionals dedicated to creating a supportive, inclusive environment where your child's potential can truly shine. Your insights, hopes, and goals are central to the work we do, and together, we'll celebrate each milestone, big and small.

We're excited to partner with you on this meaningful journey. Every session is an opportunity to make a difference, and we are committed to helping your child reach their fullest potential.

Welcome to Bright Blooms Therapy—where every child's growth is our greatest success.

Warmly,  
Nichole Lackmann  
Founder

# Company Overview



## Our History

Established in 2025, Bright Blooms Therapy emerged with a singular, yet profound objective: to deliver high-quality therapeutic care, setting a new standard for unparalleled services.

## Our Mission

Our mission is to illuminate a path to a brighter future for the children we serve. We are dedicated to creating a transformative and compassionate therapeutic environment where every child is valued, supported, and empowered to reach their fullest potential.

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## Our Goals

Through innovative and tailored therapeutic interventions, we seek to break down barriers, nurture growth, and pave the way for meaningful progress in every child's journey.

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## Our Values

We go beyond the exceptional care we provide to our communities — we foster an environment where all employees are valued and recognized for their contributions, ensuring that every individual plays an integral role in our shared commitment to excellence.

# Bright Blooms Therapy Services



## Overview

At Bright Blooms Therapy, we offer a collaborative and individualized approach to care. By integrating these services and offering them in a variety of settings—including home, clinic, and community—we help families see consistent progress across environments. Our therapists collaborate with one another and with caregivers to create unified goals and maximize each child's potential.

## Clinic

At Bright Blooms Therapy, we offer clinic-based therapy in a structured, distraction-free environment designed to support focused learning and individualized intervention. Our clinics are equipped with specialized tools and materials to target a wide range of developmental, communication, and behavioral goals. Clinic-based sessions provide a consistent setting where clients can work one-on-one with therapists, build foundational skills, and participate in peer interactions when appropriate. We also emphasize parent collaboration, offering regular updates, training, and support to ensure progress continues at home and in the community.

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## Community

Bright Blooms Therapy offers community-based therapy to support skill development in real-world settings. Whether it's at a park, store, library, or other community locations, these services help clients generalize learned skills beyond the home or clinic. Community-based sessions offer rich opportunities to work on social interactions, daily living skills, and communication in meaningful contexts. Sessions are 55 min only.

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## Home

At Bright Blooms Therapy, we are proud to offer in-home therapy services. Providing therapy in the home setting allows for meaningful skill development within the child's natural environment. This approach not only enhances the carryover of skills into daily routines, but also creates valuable opportunities for parent involvement and training. By partnering with families in their own space, we promote greater consistency, collaboration, and long-term success for each child. Session are 55 min only.

# What We Expect From You

At Bright Blooms Therapy, we believe the best progress in therapy happens when families and therapists work as a team. We encourage open communication—ask questions, share observations, and keep us in the loop so we can better support your child. Consistent attendance is essential for steady progress, helping your child build on skills from one session to the next. We value your involvement at home and welcome any feedback or efforts to carry over strategies outside of sessions. Together, we can help your child grow into a confident communicator!

## What to Expect From Us

From the moment you connect with us, you'll notice that we bring genuine enthusiasm to everything we do. We truly love helping children learn, grow, and find their voice—and that excitement carries through in every session, every conversation, and every small (or big!) victory we celebrate with you.

We take great pride in the quality of care we provide. Each child is unique, and we're committed to delivering consistent, thoughtful, and personalized therapy that meets them where they are and helps them move forward with confidence. Your child will work with a consistent therapist who is fully invested in their progress and success.

Collaboration is at the heart of our approach. We work closely with families, teachers, and caregivers to ensure that everyone is on the same page and working together toward shared goals. And because we know how important your role is as a parent or caregiver, we offer ongoing training and support so you feel informed, empowered, and confident in how to help at home.

You'll always know what we're working on, how your child is doing, and what progress is being made. Together, we'll build a strong partnership that supports meaningful growth—because when we all work together, incredible things happen.



# Core Values

## Enthusiasm

We believe that passion and energy are catalysts for innovation, collaboration, and exceptional performance. We celebrate enthusiasm and recognize that it fuels our creativity, inspires our teams, and propels us toward shared success. By infusing enthusiasm into everything we do, we create a dynamic and vibrant environment that not only meets but exceeds the expectations of our customers, partners, and employees. At the heart of our culture is a genuine and infectious enthusiasm that drives us to reach new heights together.

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## Collaboration

We believe in the power of open communication, teamwork, and mutual respect. By actively engaging and valuing the perspectives of our team members, clients, and partners, we create a collaborative environment that sparks creativity, innovation, and shared success.

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## Pride

We take immense pride in our work, embodying a steadfast dedication to excellence and integrity. Rooted in a sense of ownership and accountability, our commitment to delivering exceptional results reflects the passion and craftsmanship we invest in every endeavor. Upholding a culture of pride, we celebrate our achievements, learn from challenges, and continuously strive to elevate our standards, fostering a positive impact on our team, clients, and the broader community we serve.

# Brilliant Relationships

Building strong relationships with the clients we serve and their families is an integral part of our company. We believe that to serve the child we must also serve the family. This relationship is built on a foundation of collaboration, enthusiasm for child , and creating a sense of pride for each child and their family.

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## Communication

We work to have open and honest communication, using clarity in expressing thoughts and feelings, as well as active and empathetic listening to understand others' perspectives.

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## Trust

We believe in establishing and maintaining trust through honesty and reliability, while avoiding actions that may jeopardize that trust,

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## Celebration of Differences

We celebrate differences by embracing and honoring the unique qualities of each client, fostering an environment that promotes acceptance for who our clients are, and encouraging self-expression and individuality.

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## Support

Providing therapeutic and practical support during difficult times, celebrating achievements and milestones together, and being there for our client's family are essential elements in building a resilient and supportive family bond.

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## Flexibility

We believe flexibility is crucial for navigating life's challenges, requiring an ability to adapt to changes in family dynamics and an openness to new ideas and perspectives.

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## **2026 FEE SCHEDULE**

### **EVALUATIONS**

**CAN BE CONDUCTED IN THE HOME, SCHOOL SITE OR COMMUNITY**

Screenings- \$30

92521 Evaluation of speech fluency \$250

92522 Evaluation of speech sound production  
(articulation, phonology, apraxia) \$250

92523 Evaluation of speech AND language  
(articulation, plus expressive & receptive language) \$325

92607-Evaluation for prescription for speech generating device \$350

### **THERAPY SERVICES**

**SLP FEE-\$125/55 MIN SESSION, \$93.25/40 MIN SESSION,  
\$62.50 25 MIN SESSION**

92507 Treatment of speech, language, voice, fluency – individual therapy

92526 Treatment of swallowing dysfunction and/or oral function for feeding

92609 Therapeutic services for the use of speech generating device,  
including programming and modification

### **ADDITIONAL SERVICES**

Parent Training- \$125/55 MIN SESSION- SLP

Insurance Paperwork/ Insurance Phone Calls \$25/15 MIN

IEP Meetings- \$250/MEETING (max 2hours)

Weekend Appointment Fee- Additional \$25/SLP

Cancellation Fee: 50%-100% OF SESSION FEE

(See cancelation Policy for details)

# Cancellation and Rescheduling Policy

Therapy sessions are reserved specifically for your child, and consistent attendance is essential for meaningful progress. The following policy is designed to ensure continuity of care while also respecting the therapist's time and travel commitments.

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## Why Attendance Matters

We believe in the power open communication, teamwork, and mutual respect. By actively engaging and valuing the perspectives of our team members, clients, and partners, we create a collaborative environment that sparks creativity, innovation, and shared success.

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## Family Cancellations

Courtesy Allowance: Each family is permitted one (1) cancellation appointment per quarter without penalty, as long as notice is provided more than 24 hours before the scheduled session (Q1: January – March, Q2: April – June, Q3: July – September, Q4: October – December).

- **Cancellations made with over 24 hours before the session** (after the quarterly allowance is used), **a cancellation fee of 50% of the session rate will be charged.**
- **Cancellations made within 24 hours of the scheduled session or no-shows** (after the quarterly allowance is used), **will be charged 100% of the session fee.**

Please remember that mobile therapy involves travel time, route scheduling, and preparation that cannot be reassigned on short notice.

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## Therapist Cancellations

If the therapist must cancel due to illness, emergency, or unavoidable circumstances:

- No fees will ever be charged to the family.
  - When possible, the therapist will offer a make-up session within the same week or the following week.
  - If the therapist is unavailable, a qualified substitute clinician may be offered to maintain your child's routine and treatment momentum.
  - Families may decline a substitute without penalty.
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Appointment times are reserved specifically for your child. Repeated cancellations—whether by the family or due to scheduling conflicts—may result in loss of preferred appointment times. By scheduling services, you acknowledge and agree to the above policy.



## SPEECH THERAPY SERVICES INSURANCE WAIVER

### **Insurance Waiver and Acknowledgment of Financial Responsibility**

I, the undersigned client or parent/legal guardian of the client named above, acknowledge and agree to the following:

I understand that Bright Blooms Therapy is:

- Out-of-network with my insurance provider
- Not billing insurance on my behalf

#### **Waiver of Insurance Billing**

- I understand that Bright Blooms Therapy is not responsible for submitting claims to my insurance company.
- I agree that it is my responsibility to verify benefits and seek reimbursement independently if I choose to do so.

#### **Non-Covered Services**

- I understand that some or all of the services provided by Bright Blooms Therapy may not be covered or reimbursed by my insurance company. I agree to pay for all services rendered at the time of service, regardless of insurance coverage.

#### **Financial Responsibility**

- I accept full financial responsibility for all charges incurred for services provided by Bright Blooms Therapy. I agree to pay for services at the rates discussed and agreed upon prior to the start of therapy.

#### **No Guarantee of Reimbursement**

- I understand that even if I submit a claim independently, reimbursement is not guaranteed and is subject to the terms of my individual insurance plan.

### **Acknowledgment and Signature**

By signing below, I acknowledge that I have read, understand, and agree to the terms of this Insurance Waiver, have reviewed the current fee schedule and understand that it is subject to change, and have agreed to pay for all services rendered on the date of service. I accept full financial responsibility for services provided by Bright Blooms Therapy.



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### **OUT-OF-NETWORK INSURANCE REIMBURSEMENT GUIDE**

Bright Blooms Therapy, LLC is not an in-network provider with your insurance provider and does not receive reimbursement from them directly, we have created this document to guide you in determining your out-of-network reimbursement benefits. In some cases, the total cost of the services is reimbursed, so we recommend going through the steps below to understand your plan's benefits. Knowing your out-of-network insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

As we do not bill your insurance for you or receive any reimbursement from your insurance company, payment in full is due prior to each visit. Your insurance company will directly reimburse you for any covered services. Out-of-network reimbursement is the client's responsibility.

In the event the insurance company requests additional documentation such as a Letter of Medical Necessity, therapy session notes, etc., we will work with you to provide the necessary documentation. However, this can be very time-consuming, and thus, any support for your out-of-network reimbursement that requires an excess of 15 minutes of your therapist's time will be billed to you at an hourly rate of \$130/hour. We highly recommend submitting your Superbills monthly to ensure any denials or additional documentation requests can be handled in a timely manner.

### **HOW TO CHECK YOUR OUT-OF-NETWORK COVERAGE AND BENEFITS:**

Plan to have 15-30 minutes of your time available to call your insurance company. Make sure to have this information ready before your call: • Insurance card • Name, date of birth, address, phone number, or possibly social security number of the cardholder or person for whom the services are for • Pen and paper/notepad.

### **OUT-OF-NETWORK BENEFITS:**

The representative of your insurance carrier may ask for the following information:

Therapy Company Name: Bright Blooms Therapy Services, LLC • Tax ID (EIN): XX-XXXX • NPI Number: 1437497690 • Address: 19021 N. Dale Mabry Hwy. Lutz, FL 33548 • Phone: 813-317-7104 • Email: [brighbloomstherapy@gmail.com](mailto:brighbloomstherapy@gmail.com)

### **INFORMATION TO DOCUMENT DURING THE CALL:**

• Name of Customer Service Representative • Date of call • Time of call



123 Anywhere St.,  
Any City, ST 12345  
813-123-1234

### QUESTIONS TO ASK:

Does your plan include “out-of-network” coverage for speech therapy?

- Is there an annual deductible for out-of-network speech therapy? If so, how much? How much of my out-of-network deductible has been met?
- Is there a limit on the number of sessions your plan will cover per year? If Yes, How many?
  - Is there a limit on out-of-pocket expenses per year?
  - What is your coinsurance percentage for speech therapy?
- Does your plan require pre-authorization for speech therapy?
  - Does your plan require a referral for speech therapy?
  - What is the policy year (i.e., Jan 1 – Dec 31)?
- Can I submit a Superbill? If so, what is the process for filing a claim with a Superbill?
  - o What additional forms do I need to submit when filing my claim?
  - o Can I file my claim online, or do I need to mail/fax it to you?
  - o Do claims need to be filed within a specific timeframe following the service?
  - o How long does it take to process my claim? o How do I appeal if a claim is denied?

### SPEECH AND LANGUAGE EVALUATIONS AND THERAPY CODES:

The representative may ask for a Clinical Procedure Terminology (CPT) code for the service you plan to receive to find out your reimbursement rates. Please note that the CPT codes for services are as follows (you can refer to your invoice, or your therapist can help you determine which CPT codes apply to you):

#### EVALUATION CODES

92521 Evaluation of speech fluency  
92523 Evaluation of speech AND language (articulation, plus expressive & receptive language)  
92522 Evaluation of speech sound production (articulation, phonology, apraxia)  
92607-Evaluation for prescription for speech generating augmentative and alternative communication device

#### TREATMENT CODES

92507 Treatment of speech, language, voice, fluency – individual therapy  
92526 Treatment of swallowing dysfunction and/or oral function for feeding  
92609 Therapeutic services for the use of speech generating device, including programming and modification



### **Parent Agreement: Payment & Credit Card Policy**

To ensure a smooth and consistent billing process, we require all clients to maintain a valid credit card on file. Please carefully review and acknowledge the following payment terms:

#### **Credit Card on File:**

A valid credit card must be kept on file at all times. This card will be used for billing therapy sessions and any applicable fees.

#### **Payment Processing:**

Your credit card will be charged within 24 hours of each therapy session. A receipt will be emailed to you once the transaction is processed.

#### **Declined Payments:**

If a payment is declined for any reason, a 10% fee will be added to the outstanding balance. A new, valid credit card must be provided before any further therapy services can be rendered. Services will be paused until payment is resolved.

By signing below, you acknowledge and agree to the terms outlined in this agreement. Your cooperation allows us to focus on providing consistent, high-quality care for your child.



#### Purpose of Services

I understand that the purpose of speech-language therapy is to evaluate, diagnose, and/or provide treatment for speech, language, communication, cognitive, and/or feeding/swallowing difficulties. Services may include formal or informal assessments, individual or group therapy, consultation, and caregiver education.

#### Nature of Treatment

I understand that:

- Services will be tailored to meet the specific needs of the client based on evaluation results and professional recommendations.
- Therapy sessions may involve various activities, games, technology, and structured tasks to support communication goals.
- Progress will be monitored regularly and shared through discussion, written reports, and/or re-evaluations.

#### Consent to Treatment

I voluntarily consent to receive (or to have my child receive) speech-language pathology services from Bright Blooms Therapy. I understand that services will only be provided with this signed consent and can be discontinued at any time upon request.

#### Confidentiality

I understand that all personal and medical information will be kept confidential and used only for the purposes of treatment, coordination of care, and billing (when applicable), in accordance with HIPAA regulations. Written authorization will be obtained prior to the release of information to third parties, except when required by law.

#### Risks and Benefits

I understand that Speech-language therapy is generally a safe and beneficial intervention. Progress may vary depending on individual needs, participation, and other factors. There is no guarantee of specific outcomes or timelines.

#### Parent/Guardian Involvement (if applicable)

I understand that my involvement as a parent/guardian is an important part of my child's progress. I agree to support carryover activities at home and participate in discussions about therapy goals and progress when appropriate.

#### Right to Refuse or Discontinue Services

I understand that I have the right to refuse or withdraw consent for services at any time. I understand that withdrawal of consent may impact treatment continuity and outcomes.

#### Consent and Acknowledgment

By signing below, I acknowledge that I have read, understand, and agree to the terms of this Consent for Services. I have had the opportunity to ask questions and receive answers to my satisfaction.

# Contact List

We believe that open communication is the key to a successful business and so here is our directory.

[illegible]

# Parent Handbook Acknowledgment

Please Sign Before

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Parent

