

Cash Pay vs. Insurance: Choosing Your Payment Model

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One of your first big decisions when starting a practice is how clients will pay you. The answer shapes your income, your schedule, and your daily workflow.

This guide breaks down cash pay, insurance, and hybrid models for a speech therapy practice with real numbers and practical considerations.

Cash Pay: How It Works

In a cash pay speech therapy practice, clients pay you directly at time of service. You set your own rates. No claim submissions or insurance verification. Patients may file for reimbursement themselves using superbills you provide if their insurance benefits cover speech therapy services.

Real numbers look like this. Cash rates can run \$100-200 per session depending on location and specialization. You keep 100% of the collected amount minus payment processing fees around 3%.

Payment is immediate. No waiting for reimbursement.

Pros:

- Higher per-session income (no insurance write-offs)
- Full control over your rates
- No claim denials or delays
- Less administrative burden
- Simple, predictable income
- More time for clinical work

Cons:

- Much smaller client pool (those who can afford out-of-pocket speech services)
- High churn as some clients may drop off due to cost (or need flexible scheduling considerations)
- You miss clients whose insurance would cover services
- Can be more challenging to build a larger practice with only cash pay

This model can work well for speech therapists offering specialized or niche services. It is ideal for markets with higher household incomes where clients can afford out-of-pocket rates. Cash pay is a great fit if you want simplicity and higher rates, or if you are building a teletherapy-focused practice.

Insurance Panels: How It Works

When accepting insurance as a speech therapist, you and your company credential with insurance companies to become an in-network provider. You submit claims for each session you provide and you get paid the contracted rate. As the speech therapist, you also handle things like insurance verification and authorization of benefits, getting referrals signed, insurance denials, and payment appeals.

Real numbers look like this. Credentialing takes 3-6 months (it can be longer). Also, insurance "panels" can be closed which means, depending on the payer and your specialty, you may apply but not be allowed into the network. While Medicare pays around \$70-120 per session depending on the code and location, commercial insurance varies widely. You may wait 2-12 weeks for payment with 5-10% of claims requiring follow-up or appeals, some percentage of which will ultimately go unpaid.

Pros:

- Larger client pool (anyone with coverage)
- More stable, predictable caseload
- Many clients can afford ongoing therapy with help from insurance coverage
- Clients with benefits are more likely to continue treatment

Cons:

- Often lower per-session reimbursement
- Additional administrative work (claims, verification, appeals)
- Payment delays of 2-6 weeks
- Must meet insurance requirements for documentation
- Less control over rates

Insurance billing works well if you want to fill your schedule quickly with a steady flow of clients. It is ideal for practices focused on traditional clinical populations who expect insurance coverage. This model makes sense if you are comfortable with administrative systems or planning to hire help for billing. It also works well in markets where clients largely depend on insurance coverage for services and can be the key to building a larger business sustainable over the long-term.

Want to simplify insurance billing? Callie automates eligibility verification and claim submission, reducing the administrative burden so you can focus on clinical work. And if you are in Texas you can apply to join Callie's provider network where they handle the administrative burden for you! [\[Learn more\]](#)

Hybrid Models: The Best of Both?

Many speech therapy practices use a hybrid approach. The practice will accept insurance from select payers with the best rates and easiest processes while maintaining a cash pay option for other clients. Some practices use tiered pricing with a lower cash rate for those without coverage. Others stay out-of-network entirely but help clients submit for out-of-network benefits with a superbill offered by the practice after each session.

Pros:

- Flexibility to optimize income versus administrative burden
- Access to both cash-pay and insured client pools
- Can drop problematic payers while keeping good ones

Cons:

- More complex billing workflow
- Different rates and processes to manage
- May confuse some potential clients

Superbills and Out-of-Network Reimbursement

A superbill is a detailed receipt with diagnosis codes, CPT codes, and other information insurance companies need for out-of-network claims. Here is how it works. The client pays you directly at your full cash rate. You provide a superbill. The client then submits the superbill directly to their insurance and the insurance provider reimburses the client directly, typically 20-80% of the session cost. However, oftentimes a client will not be reimbursed at all.

For clients with out-of-network benefits and for SLPs who want cash pay simplicity with some insurance access while avoiding credentialing yet still serving insured populations, this can be good. The important thing to remember is that the client handles the insurance relationship. You just provide documentation. This is simpler than being in-network, but it requires clear communication with clients upfront and reimbursement to the client is heavily dependent on their insurance.

Callie auto-generates superbills from your session notes, saving you the manual work and ensuring all required codes are included. [\[Start free\]](#)

When and Why to Transition Between Models

Your payment model is not a forever decision. Many successful practices evolve their approach as they grow and learn what works best for their clients and their lives.

If you start with cash pay and find yourself wanting to serve more clients, adding select insurance panels can open doors. Maybe you are turning away families who would benefit from your services but cannot afford cash rates. Maybe you want more income predictability as you scale. Maybe your local market strongly expects insurance participation so it is easier to build a brand and waitlist if you accept insurance. These are all valid reasons to add insurance, and many cash-pay practices do exactly this while maintaining some cash-only slots.

If you start with insurance and find yourself drawn to a different model, that is valid too. Maybe you have developed expertise in a specialized area that commands higher cash rates. Maybe you have built a waitlist and can be more selective about your caseload. Maybe you want to reclaim time spent on administrative tasks and redirect it to clinical work or family time. Maybe you simply want to increase your per-session income. All of these are legitimate reasons to shift toward cash pay.

The Financial Math: A Real Example

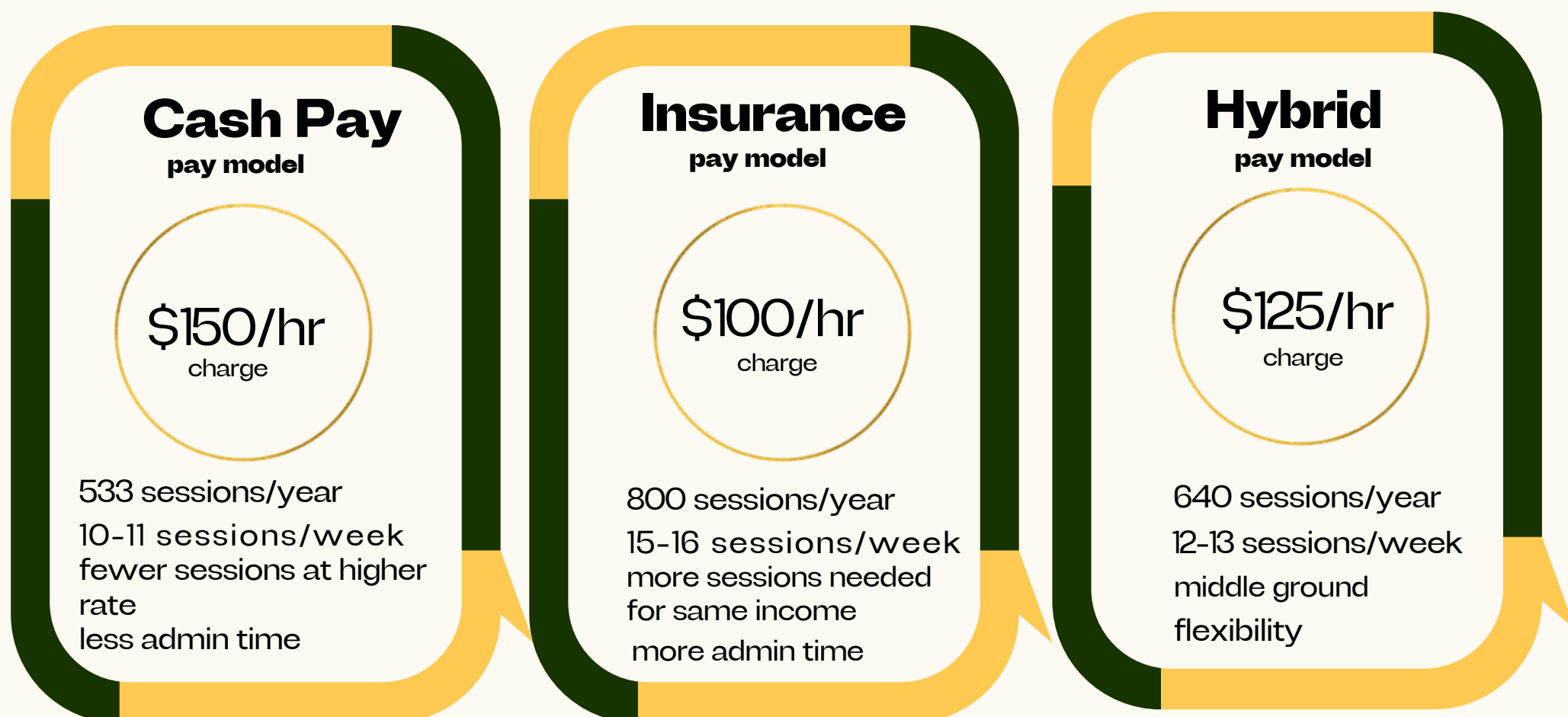
Say you want to earn \$80,000 per year before taxes.

With a cash pay model at \$150 per hour, you need about 533 sessions per year. That is 10-11 sessions per week. Fewer sessions at a higher rate. Less admin time means more clinical hours are possible.

With an insurance model averaging \$100 per hour, you need about 800 sessions per year. That is 15-16 sessions per week. More sessions needed for the same income. More admin time means fewer available clinical hours.

With a hybrid model averaging \$125 per session, you need about 640 sessions per year. That is 12-13 sessions per week. This is a middle ground on sessions and admin with flexibility to adjust the mix over time.

These are simplified examples. Your actual numbers depend on your market, specialization, and efficiency.



What You'll Need for Each Model

For cash pay:

- Payment processing like Stripe or Square
- Clear fee schedule and policies
- Superbill template if you are offering them

For insurance:

- Credentialing with payers (3-6 months process)
- Claim submission system
- Verification and authorization processes
- NPI number, EIN, liability insurance

For hybrid:

- All of the above
- Systems that handle both workflows seamlessly
- Clear communication about which insurances you accept

Callie serves practices of all models and can help you determine which subscription plan is best for you. [\[Start free\]](#)

Making Your Decision

Consider some of these variables. What do other SLPs in your area charge and accept? What is your target client's ability to pay out of pocket? How do you feel about administrative tasks? Do you have systems to handle insurance billing efficiently? What is your risk tolerance around income predictability? Are you willing to wait 6 months to get credentialed? Do you have the financial cushion to start cash pay and build slowly?

Your market matters. Your tolerance for administrative work matters. Your financial situation matters. There is no single right answer for any speech therapist opening or expanding their own practice.

You Have Options

The beauty of private practice is that you get to choose. Start cash pay and add insurance later if you need to. Start with insurance and transition to cash as you build a waitlist. Mix both from the beginning. Many successful practices use hybrid models. They accept the 2-3 best insurance payers and stay cash for everything else. Some practices accept a myriad of insurances so they know the volume will always be there.

Whatever you choose, you can adjust as you learn what works for your practice and your life.

Ready to handle both cash and insurance billing? Callie manages payments, superbills, and insurance claims in one platform. Start with our free plan and scale as you grow. [\[Get started\]](#)

