



# The **LANGUAGE** Loft

Speech and Language Therapy

## Policies and Service Agreement

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### ***Fees for Clinical Services***

Some forms of Medicaid are accepted and documentation can be provided for you to submit to your insurance company for reimbursement. Cash, check, or credit card are accepted for self-pay. You may be billed for telephone calls, written reports, or other services that require additional time beyond your child's scheduled appointment.

### ***Missed or Canceled Appointments***

Please be courteous and provide at least 24 hours notice for cancellations. Repeated "no shows" or late cancellations may jeopardize your child's ability to receive treatment. Same day cancellations are subject to the entire cost of the session unless rescheduled within the same week.

### ***Punctuality***

Please call or text if you are running late. Arriving more than 15 minutes past the scheduled appointment time will result in a cancellation. If you leave the office during your child's session, please return at least 5 minutes prior to the end of his/her session. The last five minutes of every session are reserved for the SLP and parent to summarize therapy tasks, progress, and carryover activities.

### ***Confidentiality***

All information regarding your child, including electronic records, will not be shared with anyone outside of The Language Loft without your written permission (unless related to insurance benefits or Medicaid reimbursement).

### ***Financial Agreement***

Payment in full is due at the time of your child's evaluation or therapy session. Weekly and monthly payment options are available. We reserve the right to assign unpaid bills to a collection agency.

***\*\* I accept the terms and conditions outlined in this agreement.***

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date