



## Policy Statement for Office-based Services

Welcome to Let's Talk Speech and Language Therapy! The goal of my practice is to provide the highest quality speech and language services. I encourage your input and strive to include the client's family in the therapy process. Your commitment to supporting your child through the therapy process is very important in terms of your child's progress. I have the following policies for clients and families. Please sign below to acknowledge understanding of these policies.

- ❖ Payment is due at the time of service. Statements will be provided to document charges and payments.
- ❖ Let's Talk Therapy does not accept insurance. If your insurance company is paying for my services, you must pay Let's Talk Therapy directly and ask your insurance company to reimburse you. I will provide you with a statement that documents dates and codes you may need when contacting your insurance company. We must ask that you communicate directly with your insurance company as we will not payments for you.
- ❖ Consistent attendance for therapy is essential for progress. Please schedule other activities around your weekly therapy time. Per three-month period, you may have one week of excused cancellation. To avoid cancellation charges, all other cancellations need to be made up. Make up availability may be limited. Please give at least 24 hours' notice for cancellations. In case of illness, you may cancel up to three hours prior to your appointment. Late cancellations will be charged for half the regular rate of the session. If you miss an appointment without giving notice, you will be charged for the full session.
- ❖ Your therapy appointments are scheduled for the same time(s) each week unless other arrangements have been agreed upon.
- ❖ To foster parent involvement and home carryover, consultation is part of every session. Therefore, the final few minutes of each session are reserved for review of the session and discussion with the parent. Additional consultation time is available, at the rate of \$110 per hour.
- ❖ A parent or other responsible adult must remain on the premises while your child is in therapy.
- ❖ Please be on time for your appointment, as the session ends at the scheduled time.
- ❖ A treatment plan is written for your child soon after starting therapy. The initial treatment plan is free of charge. Any additional reports or letters requested by you may incur additional charges. Please ask for details.

I, \_\_\_\_\_, agree to abide by these policies.

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