

**SPEECH THERAPY ASSOCIATES**  
**501 S. Rancho Drive, Ste. I-60**  
**Las Vegas, Nevada 89106**  
**(702) 598-1622**

Barbara R. Schwartz, MA, CCC/SLP

Lilianne J. Drake, MA, CCC/SLP

**NO SHOW/ LATE CANCELLATION/ COLLECTION CHARGE**

A **“standing appointment”** will be assigned at the time of the evaluation (i.e. patient will come back same day and time each week, unless otherwise noted). All no-show appointments cancelled less than 24-hours in advance are subject to the patient being charged in full for that missed appointment. It is further understood that this fee is not a Medicare, Medicaid, or commercial insurance benefit and that it is the patient/guarantor responsibility for payment of the no-show charge and/or late cancellation charge.

**NO-SHOWS:**

The charge for the no-show appointments will be as follows:

Each missed appointment = \$80 charged

After the 2<sup>nd</sup> no-show, the patient will be discharged and the referring physician will be notified.

**LATE CANCELLATION FEE:**

Less than 24-hour cancellations are subject to the \$80 fee. **We have a 24-hour answering machine available to accept calls when our office is closed.** After 2 or more late cancellations the patient will be discharged and the referring physician will be notified.

**COLLECTION FEE:**

In the event my account is referred to a collection service due to lack of payment on my part, I agree to pay **all** collection/legal fees that may be added to my account.

I have read, understood and received a copy of this policy.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date