

SPEECH THERAPY ASSOCIATES
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- **PLEASE NOTE:** IF YOU ARRIVE **10** MINTUES OR MORE LATE FOR YOUR SCHEDULED APPOINTMENT **YOU WILL NOT BEEN SEEN.** THE APPOINTMENT WILL BE CANCELED AND RESCHEDULED. 2 OR MORE LATE ARRIVALS WILL RESULT IN DISCHARGE AND THE REFERRING PHYSICIAN WILL BE NOTIFIED.

YOUR INSURANCE IS ULTIMATELY YOUR RESPONSIBILITY

PLEASE REVIEW THE FOLLOWING:

- DOUBLE CHECK WITH YOUR INSURANCE COMPANY TO DETERMINE IF **AUTHORIZATION** IS REQUIRED FOR YOUR VISITS.
- **PLEASE NOTE AUTHORIZATION IS NOT A GUARENTEE OF PAYMENT. BENEFITS ARE REVIEWED AT THE TIME THE CLAIM IS SUBMITTED.**
- IF YOUR VISIT IS DENIED FOR **ANY REASON**, YOU WILL BE BILLED FOR THE SERVICES.
- WE ARE **NOT** RESPONSIBLE FOR CHECKING YOUR BENEFITS, THIS IS A COURTESY AND WE CAN NOT GUARENTEE ANY INFORMATION WE RECEIVE FROM THE INSURANCE COMPANY.

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- ALTHOUGH THERE IS A 24-HOUR CANCELLATION POLICY WE REALIZE AN EMERGENCY CAN OCCUR AND ASK THAT YOU CALL US AS SOON AS YOU CAN TO NOTIFY US OF ANY NEED TO CANCEL YOUR APPOINTMENT.
 - IN ADDITION, IT IS OUR POLICY IF YOU OR YOUR CHILD ARE SICK THAT YOU CANCEL YOUR APPOINTMENT AS TO NOT SPREAD GERMS TO OTHER PATIENTS AND STAFF.
 - FOR YOUR CONVENIENCE WE DO HAVE A **24-hour ANSWERING MACHINE** AVAILABLE TO ACCEPT CALLS WHEN OUR OFFICE IS CLOSED. PLEASE LEAVE A DETAILED MESSAGE INCLUDING THE PATIENT NAME, APPOINTMENT DATE AND CALL BACK INFORMATION.

Please review our posted Privacy Policy Notice. This Notice of Privacy Practices provides detailed information about how we may use and disclose your medical information with or without authorization as well as more information about your specific rights with respect to your medical information.

*******Please feel free to clarify any questions with our staff. *******

I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE INSURANCE/OFFICE POLICIES. THE PATIENT IS ULTIMATELY RESPONSIBLE FOR THEIR INSURANCE REQUIREMENTS.

SIGNATURE

DATE