

SPEECH THERAPY PLUS, PLLC.
POLICY STATEMENT/PATIENT COPY

Please read and initial each:

1. ____ If you must **CANCEL** a session, please do so **AT LEAST 4 HOURS IN ADVANCE**, otherwise you may be charged a cancellation fee for unexcused absences. **Please make every attempt to reschedule missed sessions.** Please confirm appointments with the front desk if you have any questions regarding your therapy schedule.
You may leave messages 24 hours a day / 7 days a week through our voice mail.
2. ____ Private pay and insurance co-payments are to be paid in full at the time services are received. Insurance will be billed as necessary.
3. ____ I understand that I will be responsible for any/all charges for provided services in the case that insurance claim submissions are denied for any reason.
4. ____ It is very important to arrive on time for your appointment. Late arrivals will be seen for the remaining period of time for their allotted time schedule. You will still be charged for the full scheduled time.
5. ____ If you have to drop off a patient and leave the premises for any reason, please be back on time. Late arrivals may result in forfeiting your post-appointment consultation with the therapist. Please also make certain we have a cell phone in case we need to reach you.
6. ____ Therapy sessions include a 5-minute consultation with the therapist immediately following a treatment session. For example, a 30-minute session consists of a 25-minute treatment session and then five minutes to discuss the patient's progress.
7. ____ Initial Evaluation appointments and Re-Evaluations are typically one-hour appointments and include a written report with the treatment plan and goals. Re-Evaluations reports with a treatment plan and goals are written every 12 months. Your insurance company may request reports at more frequent intervals which may result in additional charges.
8. ____ You may be asked to remain at the office during the patient's therapy session.
9. ____ The waiting area is equipped with toys and books for everyone's use during the patient's therapy session. **Please make sure they are treated respectfully and returned to their proper storage area.**
10. ____ We ask you to please respect all the patients and therapists that are in therapy sessions by keeping the waiting area reasonably quiet. Please watch your children and never leave them unattended in the waiting room.
Speech Therapy Plus is not responsible for belongings or children left unattended.
11. ____ Please do not allow siblings to accompany the patient into their therapy session.

I have read the above policies and agree to abide by each of them.

Signature

Date

Acceptance: LaNee McDonald