



POLICY STATEMENT

1. An invoice for therapy services will be provided for each visit and payment will be received via cash, check or credit card. A late fee of \$50.00 will be applied to all invoices that are 20 days past due. **Initial here _____.**
2. Families have the option of making automatic payments using their VISA, MasterCard or American Express. Ask your therapist for an authorization form.
3. Regular attendance is essential for your child's growth in therapy. Please refer to the attached **Cancellation Policy**. Initial here to indicate you have received our Cancellation Policy _____.
4. The waiting area is supplied with toys and books for your child in therapy as well as for any siblings. **Please keep the waiting area reasonably quiet and assist the children with toy cleanup.** We will gladly accept your donations of used "quiet" toys and books for our waiting area!
5. We make every attempt to establish good working relationships with your child's school and pediatrician. If you would like our attendance at a staffing for your child, please make your request at least two weeks in advance so that an updated status of review can be prepared. **Attendance at such meetings is charged the same rate as hourly, school-based treatment sessions.**
6. Families are billed for one-half hour of service for the initial treatment plan, which is written upon enrollment in therapy. Progress reports with treatment plan and goals are written every year, or as dictated by your insurance company. Families are billed for one hour of service for these documents. Re-evaluations are billed at the hourly rate for test administration, test scoring and interpretation, and report writing.
7. **Snow Policy:** Our offices do not automatically follow any school closings. Your speech language pathologist should be contacted regarding your desire to cancel a session due to driving conditions; rescheduling when possible is appreciated.
8. **Cell phones: Please leave phones on vibrate when in our building. If you get a phone call, please step outside the building for your call, for your own privacy and for the privacy of our families. Phones ringing in the waiting room are a distraction to therapy rooms adjacent to the waiting room.**
9. **Complaints and concerns:** Should you, as your child's parent/guardian, have a grievance/complaint that you wish to discuss, please contact the clinical director by phone or email. You will receive a response within 48 business hours of message being sent.

***I have read the above policy and agree to abide by it.
I grant permission for treatment of my child.***

Signature

Date

Printed Name