

OFFICE POLICIES

Cancellation Policy: This office requires 24 hours notice for any cancellations other than illness. If child is ill, a cancellation must be made by 8:30 in the morning or they will need either a physician's excuse or a note from the school saying they were sent home early. If you do not adhere to this policy, you will be billed a \$50.00 non-cancellation fee for the time reserved for you. I have read and agree to this policy:

(Initial) _____

This office makes every attempt to verify insurance eligibility and benefits prior to your visit; however, all insurance carriers state that verification is not a guarantee of payment. If your insurance carrier does not cover a rendered service or denies a payment, you will be responsible for any outstanding balance. All co-payments are due at time of service. It is your responsibility to make sure that speech and language therapy is a covered benefit under your policy and that your policy is in effect on the dates you receive treatment.

(Initial) _____

I have read, understand and agree to the above policies:

Parent/Guardian Signature: _____

Print Name: _____

Patient's Name: _____