

TALK SLP SERVICES POLICIES

Thank you for giving me the opportunity to work with you!

There are some basic policies that I would like for you to review so that you are more familiar with the operations of my practice.

General Information:

When you arrive please stay in the waiting area until I come to collect you. I am happy to have parents join our sessions any time however if siblings are brought, please keep in mind that it may be distracting to the child receiving treatment. When siblings are present, please plan on staying in the area near the treatment room and feel free to enjoy the books that are provided.

If you do not plan on observing or staying in the adjoining waiting room, please be prepared to arrive to pick up your child 10 minutes prior to session's completion as the next appointment is often 10-15 minutes later and time is needed to pick up and write chart notes.

Sessions are approximately 45 minutes in length unless otherwise discussed and agreed upon.

Cancellations:

Cancellations are accepted with at least 24 hours notice prior to the scheduled time. A call placed to (206) 228-8530 rather than an email will ensure that your request is received without delay. If you do not call to cancel at least 24-hours prior to your scheduled time, the missed session will be billed in full to you and cannot be billed to your insurance company. In case of sudden illness, a call to cancel must be placed within 24 hours or by 8 am the day of the appointment. Should you cancel the day of the session after 8 am, you will be charged in full unless another mutually agreed upon arrangement is made. If an appointment is missed due to a "no-show" the full amount of the session will be charged to you and cannot be billed to your insurance company. An attempt to make up cancelled or missed appointments will be granted as the schedule permits.

Cancellations made with at least a 48-hours notice made may be emailed to laura@talkslp.com.

All appointments begin at the agreed upon time. Should you arrive late, the appointment will end at the originally scheduled time as a courtesy to others. Additional time of up to 10 minutes will be provided should the schedule permit.

Payment/Insurance:

Payment is expected in full and is collected the day of the session by either check or cash unless TALK SLP Services is billing directly to an insurance company.

All insurance co-pays are collected the time the services are rendered. I can provide you with a monthly receipt upon your request.

It is your responsibility to know the scope of coverage and limitations or restrictions of your insurance benefits regarding speech/language therapy. Prior to initiating services with Laura S. Smith/TALK SLP Services, it is required that you provide insurance information and obtain the required referrals or prescriptions from your physician. You are also responsible for monitoring the number of visits allowable by insurance and/or PCP prescription/referral and the maximum dollar amount allowable by insurance. I am available to inquire about the scope of your benefits at your request.

By signing you authorize the release of any medical or other information strictly for purposes of processing medical claims for insurance or government agencies. Authorization of payment to Laura S. Smith of TALK SLP Services for services in speech/language pathology is also provided.

Any insurance payments denied to Laura S. Smith/TALK SLP Services become your responsibility to pay in full immediately (within 30 days), regardless of whether or not you choose to appeal the insurance company's decision. Appeals are not made by Laura S. Smith/TALK SLP Services. Should you appeal and win, and payment is issued to Laura S. Smith of TALK SLP Services, you will be reimbursed immediately.

An outstanding balance older than 30 days will be subject to interest of 1.5% per month on the unpaid balance. Returned checks are subject to a \$35.00 fee. Overdue bills can be sent to collection per Washington State Law R.C.W. 19.250, with collection costs added as allowable by law. If you chose to end services, any and all charges are due in full immediately.

I have read and agree to the aforementioned policies and procedures and understand they become effective on the date of my signature below. Please bring a signed copy of this form to your first session and keep one for your records.

Signature of Parent/Guardian or Individual: _____

Name of Child: _____ Date of Birth: _____

Name of Parent/Guardian or Individual: _____

Date: _____