

TALK SLP LLC POLICIES

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

There are some basic policies that we would like you to review regarding the operations of TALK SLP LLC.

General Information:

When you arrive at the **Mercer Island** office, please stay in the waiting area until I come to collect you. When you arrive at the **Northgate** office, please wait in the main foyer of the building until I come to collect you.

We are 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.

Please be prepared to arrive to pick up your child 10 minutes prior to session's completion as the next appointment is often 10 minutes later and time is needed to pick up, write chart notes and discuss homework and therapeutic strategies.

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-hour notice made may be emailed to laura@talkslp.com.

All appointments begin at the scheduled time. Should you arrive late, the appointment will still 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 card, check or cash unless TALK SLP LLC is billing directly to an insurance company. All insurance co-pays, deductibles, and co-insurance are collected at the time the services are rendered. We 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 rehabilitation and neurodevelopmental speech/language and orofacial myofunctional therapy. Prior to initiating services with TALK SLP LLC 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, obtaining the PCP prescription/referral, and knowing the maximum dollar amount allowable by insurance.

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 TALK SLP LLC for services in speech/language pathology/orofacial myology is also provided.

Any insurance payments denied to TALK SLP LLC 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 TALK SLP LLC. Should you appeal and win, and payment is issued to TALK SLP LLC, 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 our first session and keep one for your records.

Additionally, please bring the applicable intake form, read the HIPPA Privacy Notice and bring a copy of a signed HIPPA Privacy Notice Acknowledgement form to this first appointment. Please bring your insurance card as a copy

will be made on your first visit.

Signature of Parent/Guardian or
Individual:_____

Name of responsible party:_____

Name of Child:_____

Date of Birth:_____

Address, Email and
Phone:_____

Emergency Contact:
