

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: At this time, we are working primarily through a telehealth portal service and our therapy appointments are online. We use a service to conduct telehealth videoconferencing appointments. It is simple to use and there are no passwords required to log in. By signing this document, I acknowledge:

1. Telehealth is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
2. Though my provider and I may be in direct, virtual contact through the telehealth service, neither telehealth service provides any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.
3. The telehealth service facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice or care.
4. I do not assume that my provider has access to any or all of the technical information in the telehealth service— or that such information is current, accurate or up-to-date. I will not rely on my health care provider to have any of this information in the telehealth service.
5. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.

**COVID GUIDELINES:** Due to Covid protocol, we will ask that you wear a mask. We are able to arrange to meet in-person for an evaluation in 2023. When arriving, we will ask you please stay in the waiting area until we come to collect you. We are happy to have parents join our session 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 therapy room and feel free to enjoy the books that are provided.

Cancellations: We do our best to work with all clients as conflicts arise but booking an appointment with one of our providers prevents us from serving other patients at that time. We ask that patients who need to cancel, do so ASAP via email to [admin@talkslp.com](mailto:admin@talkslp.com), with no less than 48 hours notice of your scheduled appointment.

Unless you and your provider have arranged an alternative solution, "no shows", as well as cancellations received within less than 48 hours notice, will be billed in full to patients. These charges are unfortunately not covered by insurance.

Please note: All appointments begin at the scheduled time. Should you arrive late, the appointment will end at the originally scheduled time as a courtesy to the next client, unless the provider has capacity to run up to 10 minutes long.

Cancellations are accepted with at least 48 hours' notice prior to the scheduled time. If you do not cancel at least 48-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 48 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 may be emailed through our practice to [admin@talkslp.com](mailto:admin@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 copays, deductibles, and co-insurance are collected either at the time the services are rendered when this information is available or after billing is processed.** 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.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.

- That I fully understand its contents including the risks and benefits of the procedure(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

The policies and procedures become effective on the date of my **electronic** signature below.

Signature of Parent/Guardian or Individual: \_\_\_\_\_ Name  
of responsible party: \_\_\_\_\_ Name of  
Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Address, Email  
and Phone: \_\_\_\_\_

\_\_\_\_\_  
Emergency Contact: