



FAMILY SPEECH & THERAPY SERVICES

PATIENT SERVICE AGREEMENT

Patient Name: _____ DOB: _____

1. It is the patient/parent(s)/ guardian responsibility to inform Family Speech & Language Services, LLC of any and all changes in insurance information including group policy number, identification number, policy holder, address etc. as soon as possible. Failure to provide this information may result in total patient responsibility for charges billed.

2. Consent to Treatment. I authorize Family Speech & Language Services, LLC and its employees to provide Speech-Language evaluations and treatment to me. No guarantees have been made to me about the outcome of therapy.

3. Cancellation Policy: If for any reason you should need to cancel or reschedule an appointment, we appreciate notice as soon as possible. We do enforce a 24-hour cancellation policy and we reserve the right to charge a \$25.00 fee for an appointment that is missed without this notice (emergencies and illness are taken into account). If appointments are missed frequently, we may need to make changes in treatment frequency and/or refer you to another clinic.

4. Arrival Policy: Please arrive 5 minutes prior to your scheduled appointment time. If you arrive later than your scheduled appointment time, you will be seen for the remainder of your session or 15 minutes whichever is greater.

5. Payment Policy: You will be asked to pay any co-payments required by your insurance company at the time of your appointment. We are willing to file claims to your insurance company on your behalf. However, you are ultimately responsible for payment of services rendered.

6. Family Speech & Language Services, LLC values the time of our patients and caregivers. It is our sincere intention to honor all appointment times. Due to emergencies or other reasons, we may need to delay or reschedule the patient's appointment. If this occurs, notification will be given as early as possible. To help with this process, we ask the patient/parent or caregiver to provide us with a daytime telephone number for notification purposes.

7. Family Speech & Language Services, LLC will occasionally videotape or audiotape patients for the uses of evaluation or treatment. These videos and/or audiotapes are solely used by the therapist and will remain confidential. Videos and/or audiotapes will not be released for any other purpose without prior knowledge or specific consent.

8. Any questions or problems with services provided by Family Speech & Language Services, LLC should be directed to, Debbie Lewis, Privacy Officer for Family Speech & Language Services. We as providers will in no way retaliate because of a complaint.

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| _____ | _____ | _____ | _____ |
| Patient, Parent/Legal Guardian | Date | Family Speech & Language Services Representative | Date |