

Speech Therapy Agreement

Welcome to the Speech, Language and Hearing Department. We take great pride in the quality of care that we deliver. In order to achieve the best outcome from your communication or swallowing treatment, we need timely arrival for appointments and good attendance.

Please read all nine conditions of the therapy agreement and sign agreement at the bottom.

1. Scheduled therapy appointments will begin and end at the scheduled times. A patient arriving late cannot have their treatment time extended.
2. If you are going to be more than 15 minutes late for a scheduled appointment, please call to determine whether or not your therapist will be able to see you that day.
3. **All cancellations must be communicated to the department secretary at 631-444 – 4191 as soon as you are aware. This allows us to use that time to assist another patient waiting for care. Same day or last minute cancellations do not allow our waiting patients this opportunity and this valuable time goes unused.**
4. **If you fail to show without calling to cancel, cancel for two consecutive appointments or have less than 75% attendance, excluding on occasion for medical illness, your reserved therapy appointment time will be forfeited.**
5. If you later wish to return and can commit to 75% or greater attendance to a consistent therapy time you will need a new physician order and then can be added to our therapy wait list and/or be scheduled for a new evaluation if indicated.
6. The department reserves the right not to reschedule future appointments for those individuals who have been discharged from therapy on two prior occasions due to failure to adhere to these policies.
7. I understand it is my responsibility to contact my insurance to understand my copay, deductible and limits of my benefits for speech pathology services at an outpatient hospital setting. I am aware I will be held responsible for costs that exceed my plan.
8. I understand it is my responsibility to inform the department immediately of any change in insurance coverage.
9. I understand I need to go to registration in a timely manner to pay my co-pay. Co-pays can be made at each visit, weekly, or monthly.

We appreciate your understanding and partnership in helping us maintain accessible high quality patient care. Our speech pathologists appreciate patient and family gratitude for services received but per NYS policy are unable to accept gifts.

I have read, understand, and agree to abide by the aforementioned policies.

Patient/Parent Signature

Date