

### 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 for your communication or swallowing treatment, we need compliance with the below policies.

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 444 – 4191.
4. **If you cancel or fail to show for three 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 contact the department to be scheduled for an appointment.
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 these policies.
7. **I understand it is my responsibility to contact my insurance to understand my copay, deductible and limits of my benefits. 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. All therapy co-pays need to be paid to registration in a timely manner.

\_\_\_\_\_ I will pay co-pay  at each visit  weekly  monthly.

**Patient: Initial here**

We appreciate your understanding and cooperation.

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

\_\_\_\_\_  
**Patient/Parent Signature**

\_\_\_\_\_  
**Date**