

Talking Steps Therapies

Blair Person M.S., CCC-SLP

PRACTICE POLICIES

- **APPOINTMENTS AND CANCELLATIONS**

1. Please contact the therapist by email, phone, or text message if an appointment will be cancelled for any reason (illness, vacation, etc.). Please make contact at least 24 hours before the scheduled therapy session for a planned absence. If your child is sick, you may contact the therapist the day of therapy, but please do so by 8am.
2. The standard meeting time for speech therapy is 50 minutes. You will be billed for 1 hour of therapy; 50 minutes of direct therapy and 10 minutes for therapist documentation time.

- **NO SHOWS**

1. Failure to notify the therapist of the cancellation will result in a \$65 cancellation fee. After 3 no shows, the therapist reserves the right to refuse service going forward.

- **COMMUNICATION**

1. The therapist is available to discuss updates and recommendations by email, phone, and scheduled meetings. If there are any questions or concerns regarding your child's therapy sessions or home program, please contact the therapist to schedule a meeting.

- **EVALUATION**

1. An evaluation is required prior to commencing regular services. However, if the client has completed a speech therapy evaluation within the past 12 months, the initial evaluation may be waived. The parent/guardian is required to provide a copy of the evaluation to the therapist.

- **BILLING**

1. Payment can be submitted by credit card or check. If payment for therapy services or cancellation fees are not paid by the due date indicated on the invoice (30 days), there will be a \$50 late fee

charged. Checks returned for insufficient funds incur a \$25 processing fee. Any and all fees charged are subject to change at the sole discretion of Talking Steps Therapies upon prior notice to the undersigned.

- RIGHT TO REFUSE SERVICE

1. Talking Steps Therapies reserves the right to refuse service to any client on the account of delinquent or unpaid fees for the services performed without any liability or further obligation to the undersigned.

- CHANGES TO INFORMATION

1. If there are any changes in address or insurance please send the new information as soon as possible to keep billing records up to date.

- MEDICAL CONDITIONS

1. Please notify the therapist of doctor or specialist visits that may affect therapy sessions or treatment plan. Providing copies of medical information and outside therapy evaluations is appreciated. If communication between therapists or medical providers is requested, please provide all necessary contact information.

- PRIVACY

1. All information regarding each child and family will be kept confidential. Any release of information must be accompanied with written permission from the child's parent/legal guardian. Billing and payments are completed internally through Talking Steps Therapies. No private information will be provided to third parties.