

Policies and Procedures Therapy Payment Policy:

Please initial next to one of the following options in order to select it: _____I would like to pay for therapy one session at a time. I understand that this payment will be **due at the beginning of each scheduled therapy session**.

_____I would like to pay for therapy in monthly increments. I understand that this payment is **due at the beginning of the first scheduled therapy session of each month**.

Assessment Payment Policy:

The payment for each assessment is due at the end of the assessment session.

Additional Payment information:

Invoices will be emailed the day prior to your child's weekly therapy session. Please make your payment on the day services have been provided. If you have an outstanding payment for over two weeks, there will be a service charge of \$30. We are not participating providers for any insurance company and therefore the submission of invoices and claims are the responsibility of the client. We will provide you with the necessary super bills and paperwork to submit your claims to your insurance company in order for you to apply for reimbursement. However, please understand that you are fully responsible to pay for services up front whether or not your insurance provider will reimburse you. Please feel free to discuss with us any questions you may have.

Attendance and Cancellation Policies:

When possible, please provide us with at least 24 hours notice if an appointment will need to be cancelled. You can provide a cancellation notice either via e-mail or phone to your providing therapist. Even if you are unable to provide 24 hours notice, please let us know about appointments that need to be cancelled. All day -off and no-show appointments will be charged the full therapy fee.

If a therapy session is cancelled by you, we will reschedule a make-up session if our schedule permits, however, it is not mandatory.

If a therapy session is cancelled by us, we will offer multiple dates/times to reschedule a make-up session.

If you arrive late to an appointment, therapy will still end at the regular time and you will be responsible for the full session fee.



Based on years of providing service and following best practice protocol, children who miss sessions do not obtain good progress in speech therapy. If you have excessive absences, we will be unable to hold a spot for your child. We understand here are extenuating circumstances and this policy will be handed on a case by case basis.

We provide "home plans/homework" for the family to work on with their child. The amount of time and parent participation spent on these activities will depend upon the age of the child and the targeted goals. These activities are a review of the goals that were targeted in the therapy session. The clinician will discuss and review these activities with you at the end of each session. These home plans play a critical role in your child's optimal success in their therapy program.

My signature below implies that I have read and I understand all of the policies and procedures associated with LiL Chit-CHat and I understand that I am responsible for all payments associated with my child's speech therapy services.

Parent's Signature

Date