The following is a contract that states the policies of this office. Please read and sign/date it at the bottom.

**Cancellation Policy**
24 hour notice is required. If notice is not provided, the client will be charged for the session. Make-up sessions may be scheduled depending on the therapist's availability.

**Lateness Policy**
All therapy sessions are to begin at the scheduled time. If the client is late, he/she will be seen for the remainder of the session. If the therapist is late, she must provide the allotted time.

**Payment**
Payment must be made at the time of service. This office accepts Visa, Mastercard, Chase QuickPay, Venmo, personal checks or cash. A $40 fee will be charged in the event that a check is returned. A 5% fee will be added monthly to accounts past due and owing after 30 days.

**Insurance**
Bodylink Speech Therapy does not accept insurance. All visits are considered out-of-network, with full payment due at the time of service. Please check with your insurance provider before the first visit for information about out-of-network coverage.

**THIS OFFICE IS NOT A MEDICARE PROVIDER. We cannot submit for out-of-network reimbursement to Medicare. You must inform the office if you or your child (if your child is a patient) currently participates in Medicare or is planning enrollment at any point during treatment.**

**Frequent Absence**
If the client cancels 3 consecutive sessions without sufficient notice or if those absences are not due to illness or emergency, therapist will consider immediate termination of services.

**Waiting Area**
Food and drink are not allowed in the waiting area. Silence is requested as there multiple therapists working in the suite. Children must be supervised at all times.

I have read and fully understand the contents of this contract.

___________________________  Monica Lowy, MA, CCC-SLP
Client's Name  Therapist's Name

___________________________  Therapist's Signature and Date
Parent's Name

___________________________  Client/Parent’s Signature and Date