



ALL ABOUT SPEECH & LANGUAGE

Existing Clients: Cancellations, No-Shows, and Other Therapy Policy Reminders

Thank you for continuing to allow us to be a part of your child's therapeutic program. AASL's Mission is to Maximize Each Child's Potential in Every Life Stage. As you know by now, we take attendance of your dedicated scheduled therapy time very seriously. Why do we take attendance so seriously? Usually your referring doctor and/or your therapist have prescribed a set frequency of treatment to help your child make necessary gains. Showing up as scheduled for these visits is your most important job, because it can directly impact whether treatment succeeds or not. Other than that, all you need to do is follow your therapist's instructions and we will be able to help your child achieve his/her goals in treatment. Following is a quick reference reminder of our policies. If you want to see the full list and detailed description of policies you previously signed off on which still hold true and will be upheld, please let the front desk know and we will provide you a copy.

Cancellation Policy

We will remove our clients from our therapy schedules for frequent cancellations without being rescheduled. **You are expected to maintain a minimum 80% attendance rate, no exceptions.** You are subject to move to a Flex Schedule as required to continue therapy services if you have two or more cancellations within a six-week period that are not rescheduled.

- We require 24 hours' notice in the event of a cancellation. You are expected to call our office and book a makeup appointment at the time of your notice to cancel.
- There is a charge for a cancellation without proper notice: \$35.00 cancellation fee for a 30-min. appointment, \$60.00 for a 60-min. appointment.
- Cancellation fees need to be paid at your next scheduled appointment without exception.
- Canceled rescheduled appointments will receive the applicable cancellation fee.
- Frequent cancellations may result in a loss of your appointment time or discharge. Make-ups/reschedules are expected as part of our partnership. Consistently attended appointments are essential to your child's progress.

No-Show Policy

- Two missed appointments without notification (**No-Show**) will result in forfeiting your treatment time.
- No-Show appointments cost: \$115 for 60 minutes and \$65 for 30 minutes.
- No-Show fees need to be paid before your next scheduled appointment without exception.



ALL ABOUT SPEECH & LANGUAGE

Cancellations and no-shows have an impact on not just your child, but on our small business and team, as well as, families who are waiting on our waitlist to begin therapy services.

Sick Policy

Please do not bring your child to therapy if he/she has a fever or may have an infectious illness such as COVID-19, hand-foot-and mouth, a stomach flu, chicken pox, pink eye, impetigo, whooping cough, head lice, strep throat, green discharge from the nose, etc. Your child must be fever free without medication for 24 hours before returning to our office for therapy services. If you must cancel an appointment due to an emergency or illness, please call our office (813-616-4004) to notify our front desk of this absence and to book your makeup session on that same call. Switching to a telehealth visit may be a great option depending on how your child is feeling.

Planned Absence Policy

It is your responsibility to notify your therapist(s) at least 2 weeks in advance in the case of doctor's appointments, vacations, teacher workdays, school conferences, holidays, field trips, special events at school, etc., that may interfere with your regularly scheduled therapy. We will work to secure a rescheduled appointment in the weeks leading up to or after the schedule conflict.

Please understand that if you need to alter any regularly scheduled appointment times due to a schedule conflict or sickness, your child may need to see an AASL therapist other than their regular treating therapist when the appointment is re-booked. All AASL therapists are experienced, skilled professionals so your child will be in highly qualified hands. We have procedures in place so the substitute therapist can easily implement your child's plan of care and target the specified goals to continue progressing your child's skill development. Your child will return to his/her original therapist at the next regularly scheduled visit.

In the case of extended absences, we do not hold appointment slots if a child will be absent from therapy beyond four weeks to be fair to other families on our wait list in need of our services. Please contact Front Desk to request Management's assistance to discuss extenuating circumstances or a holding fee to reserve your designated time slot on our schedules that is to be paid for prior to departure to hold the therapy day(s)/time(s) after this timeframe. Alternatively, you can release your scheduled appointment times and be placed on our priority list, and contact us to resume treatment upon your return from an extended absence.

Refund and Payment Policy

There are no refunds or balance forward options offered for any of our services unless otherwise specified. This includes advanced payments for group and individual therapy. For advanced monthly payments, therapy will not roll over to the next month. It is your responsibility to reschedule a make-up session within the same advance paid month with your child's therapist or other available clinicians.



ALL ABOUT SPEECH & LANGUAGE

Please note that our therapists cannot override charges, so please direct any questions/concerns to the billing division via **billing@aaspeech.com**. This policy paperwork will be added to your chart; waiving charges relative to this document will be highly scrutinized.

We expect all charges for services and incurred cancellation fees to be paid within 30 days of receiving the billing statement. We send eStatements once per month at minimum; check your spam/junk mail if you do not receive one. Our billing department will be contacting you with reminders; we want to support fiscal responsibility and large outstanding balances are not good for you or AASL. If balances exceed 45 days, it will be at the discretion of AASL to suspend therapy appointments until the balance is paid in full.

If we have received no response and/or a payment within 45 days of receiving the initial eStatement, AASL will start the Collections process.

Therapy Policy

Therapy is scheduled for a particular duration of time, at a rate of \$115 per hour, and \$65 per 30-minutes; should you come late for your appointment it cannot be extended beyond your scheduled appointment time and you will be charged for the entire time your therapy session is scheduled with or without insurance.

A therapy session includes two important parts: 1) direct treatment and 2) consultation time. Direct treatment will be stopped 7 minutes prior to the end of therapy for a 60-minute session, and 5 minutes prior to the end of therapy for a 30-minute session for allocated wrap-up time with you present. Should you need additional time for consultation, a rate of \$30/15-min increment will be assessed.

There will be a \$25.00 fee charged for every 5 minutes you are late to pick up your child, even with notification.

You will be charged \$25.00 for being more than 7 minutes late to your child's OT appointment. OT can only bill for more than 8 treatment minutes per 15-minute increment.

Requested documentation or collaboration outside normal treatment times will be assessed at a rate of \$30/15 minutes which includes teacher collaboration, drafting additional documents outside of evals, re-evals, progress notes, and additionally includes outside time for AAC programming that cannot be done within therapy sessions.



ALL ABOUT SPEECH & LANGUAGE

I have read and understand the cancellation, refund, and therapy policies as described above. I will respect these office policies as part of my partnership with AASL as they strive to provide the best possible care to my child and to other AASL families.

I acknowledge that I am financially responsible for any balance due on all covered or non-covered services. I authorize the release of any medical information necessary to process an insurance claim, if applicable, or provide continuity of care. I consent to my child or self to receive treatment as prescribed by my provider. A medical insurance policy is a contract between you and your insurance company. Coverage depends upon your insurance company and the specific plan you have chosen. If we are non-network providers, you are responsible for submitting claims to seek reimbursement from your insurance company. AASL will provide you paid invoices to do so when requested.

Signature of Legal Guardian

Date

Witness

Date

Please let us know if any of your contact information has changed; we want to make sure our system and your child's chart is accurate:

Home Address Change? ☐ NO ☐ YES, New Address: _____

Cell Phone Change? ☐ NO ☐ YES, New Phone: _____

Email Change? ☐ NO ☐ YES, New Email: _____

Do you give consent for AASL to photograph or video tape your child for use in any and all of its documentation, social media, and/or publications? Identifying information such as first and last name will not accompany such media. ☐ YES ☐ NO DATE: _____

Phone: 813-616-4004; *Fax:* 813-330-7967
Email: info@aspeech.com; *Website:* www.aspeech.com