



Patient Notification of Policies and Procedures

PARENT PARTICIPATION: Parents are welcome and encouraged to attend their child's therapy session. I provide follow up home activities to help with generalization and carryover of learned skills. Siblings may also observe therapy sessions as long as they are not distracting to the child in therapy.

EVALUATIONS: All new patient will receive an initial evaluation. Prior evaluations from other facilities or practices are accepted as long as they are current and there have not been any significant changes since that evaluation. All evaluations administered by Holly Springs Feeding and Speech will include a written report to explain all administered tests, list and summarize all results/scores, as well as a list of recommendations.

THERAPY: Speech and Feeding therapy goals and service delivery are planned for each child based on evaluation results, speech pathologist recommendations, and parent input. Sessions may occur in either 30 minute or 45 minute sessions, depending on the need of the child. If your child have a fever or is vomiting, they cannot be seen for 24 hours for therapy.

Cancellation Policy: **All client cancellations require at least 24-hour notice. Cancellations without 24-hour notice will incur a \$25 missed appointment fee which is not covered by insurance.** Special consideration may be given to emergency situations. If a client no shows for three consecutive appointments, the therapist has the right to discontinue services. If sessions are missed due to the therapist absence they will be rescheduled as soon as possible depending on availability.

Provider: Provider will take periodic professional/ vacation days with notice. The practice is closed on major holidays unless otherwise specified.

FINANCIAL POLICY: ALL PAYMENTS ARE EXPECTED AT THE TIME SERVICES ARE RENDERED UNLESS OTHERWISE AGREED UPON IN ADVANCE. CHECKS AND CASH ARE ACCEPTED.

INSURANCE: Holly Springs Feeding & Speech will not enter into a dispute between you and your insurance company regarding a claim. All deductibles and copays not covered by your insurance policy are due at the time services are rendered unless otherwise agreed upon. If at the end of sixty days your insurance claim has not been paid, you will be responsible for paying the total balance due within 30 days.

SELF PAY PATIENTS: Payment in full is due at the time services are rendered unless otherwise agreed upon. **OTHER FEES:** A \$25 fee will be charged for checks with insufficient funds.

LIABILITY POLICY: Jill Odle is credentialed with the American Speech Language Hearing Association. She is licensed to practice speech pathology within the state of North Carolina. All



speech and feeding therapy services and goals will be reviewed and agreed upon with parents/patients prior to the first session. Parents will not hold this therapist responsible for any claims or damages of any kind, for injury to any person or persons and / or for any damages due to loss of property arising directly or indirectly out of participation in speech therapy sessions.

By signing this form, you are stating that you have read and agreed to the above.

Signature

Date

Thank you for understanding and I Look forward to working with you.

Jill Odle,MS CCC-SLP

Speech Language Pathologist & Feeding Specialist.