small talk
PEDIATRIC SPEECH THERAPY LLC
LOOK WHOOO'S TALKING
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Pediatric Speech Therapy, LLC
Clifton Square
3700 E Douglas #45
Wichita, KS 67208

www.smalltalkwichita.com

Office Policies

General

Please be considerate of patients and enter the facility as close to your scheduled time as possible to avoid distracting the patient who is before you. Please have your child use the wash room and wash their hands first thing when they enter the facility to avoid interruption of therpy time. Please turn off your cell phones. Food and drinks are allowed only in the feeding room. If it is necessary to bring siblings, please keep them quiet to avoid distractions, and supervise them. Toys and books are provided but please clean up after you are done playing with them. A library of reference materials are available. Please return all borrowed books and materials leant to you.

Cancellation and No Show Policy

In order to maximize the benefits of therapy, it is very important that all scheduled appointments be attended. A missed or late appointment disrupts therapy schedules that impact both you and your therapist.

I understand that I must give a **24-hour notice** of the **cancellatio**n of a therapy session, which can be made by contacting Small Talk, Pediatric Speech Therapy.
There are exceptions such as weather, emergencies, school closings, and other unexpected events that will be considered on an individual basis. I also understand that if I **"no call, no show"** for a scheduled appointment, I will be charged **$25.00 fee for the 1st** occurrence. **A second occurrence will be charged a fee of $50.00.** Participant may be subject to discharge from the therapist's caseload due to no shows or cancellations.

I acknowledge by my signature that I have read the above and agree to the stated terms.

Responsible Party:_____ Date_____

Billing Information

Person responsible for payment:_____

Name_____ Relationship to Patient:_____

Address_____

Email Address_____

Home Phone_____ Work Phone_____ Cell_____

Pre-Authorization for Treatment
We will verify your benefits using the information you provide about your insurance company**.** If you do not provide us with the appropriate insurance information prior to treatment, you will be held financially responsible for any visits that are not covered because authorization was not obtained.

Insurance Information
_____ I choose self-pay. Accepting the self-pay payment rate waives my ability to submit claims to insurance.
_____ Please submit my bill to my medical insurance. (We will need a copy of your insurance card/cards).

It is your responsibility to notify Small Talk, Pediatric Speech Therapy, LLC if you change your insurance policies. I DECLARE THAT I HAVE PROVIDED ALL THE MEDICAL/HEALTH INSURANCE PLANS FROM WHICH I MAY RECEIVE BENEFITS.

Signature_____ Date_____

Insurance and Billing
The financial obligation for this account is yours. We will take all reasonable steps to bill your insurance company as a courtesy to you and will do all that we can to collect on legitimate claims. However, in the event your insurance company denies the claim for any reason, you will be responsible for payment of this account.

All balances, after insurance payment has been received, are due and payable upon receipt of last insurance monies received. A late fee of 1.5% per month will be added to all accounts 30 days past due. A 35.00 administrative fee will be added for any checks returned for non-sufficient funds or for credit card payments that are reversed. In addition, I agree that in the event that I do not make payment and Small Talk, Pediatric Speech Therapy, LLC proceeds with collection actions on the balance due, then I will be responsible for all costs of collection, including costs and attorney's fees.

I acknowledge by my signature that I have read the above and agree to the stated terms.

Responsible party_____ Date_____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES (HIPPA)

I, _____, have received a copy of this office's Notice of Privacy Practices.

Please Print Name

Signature Date