

The TALK Team
1752 E. Bullard Ave Suite 101
Fresno, CA 93710

The TALK Team
4144 S. Demaree Rd, Suite B
Visalia, CA 93277

scheduling@thetalkteam.com
559-970-8277 (Main)
559-549-6261 (Fax)



WELCOME to the TALK Team

Thank you for considering The TALK Team for your speech-language therapy needs. We provide specialized diagnostic, therapeutic and academic speech-language services.

As licensed and certified speech-language pathologists, we explore every possible resource to help our clients achieve their goals. By taking a personalized, individual approach, we are able to improve their ability to use and understand speech and language effectively in all aspects of life.

If you have copies of reports from previous evaluations/services or IEPs you would like us to include in your records, please give those to us as well.

As always, feel free to contact us with any questions or concerns.

Sincerely,

The Staff at The TALK Team

The TALK Team's POLICIES & PROCEDURES for Private Pay Clients

Please initial each section and sign at the bottom, indicating you have read, understand, and agree to abide by the policies described.

METHODS OF PAYMENT

We accept **checks & all major Debit/Credit Cards, NO CASH**. Payments must be made at the time of service. There will be a \$30 charge for all returned checks, due to insufficient funds.

_____ initials

INSURANCE BILLING

We are currently contracted with Sante Health Systems, Health Net, PhysMetrics and Kaiser. We DO NOT bill other insurance companies directly at this time. You are responsible for all copayments at time of service.

_____ initials

ATTENDANCE

You must attend therapy consistently in order to keep your weekly schedule. **Excessive absences will result in the loss of your standing therapy time.**

We feel that occasionally working with another speech-language pathologist can be beneficial for treatment, not only because of the continuity of services it provides, but also for the opportunity to receive feedback from another professional and to gain a different perspective on skills and goals.

Adhering to this attendance policy, demonstrates your commitment and understanding of the benefits of consistent speech-language therapy. Our staff is expected to demonstrate the same commitment and understanding to you. We will do our best to reschedule sessions or provide coverage for sessions that are missed due to SLP absence.

If you are late to your appointment, we cannot adjust the length of your session or amount billed.

_____ initials

CANCELLATION POLICY

***Please Cancel all appointments with at least 24 hour notice.**

Exceptions to this 24 hour policy include cancellations as a result of:

- (1) Infectious illness (See our Infectious Disease Control Guidelines, for more specific information)

(2) Emergencies

*If the cancellation, for reasons other than those above, is not made with 24 hours advance notice, a **\$50 fee will automatically be applied to your account and will be due at the next session. TWO “no shows” or late cancellations will automatically cause you to lose your scheduled therapy time-slot and may be cause for termination of services.**

_____ initials

COMMUNICATION

In accordance with the regulations set forth by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are required to obtain information about your communication preferences.

Please check all that apply. I prefer to be contacted by:

- On my home phone number.
- On my cell phone number.
- With the following people:

EDUCATIONAL OBSERVATIONS

Because we have a close relationship with the local university, we are sometimes asked to provide observations to their speech-language pathology students and practicing clinicians. We also provide training to students obtaining their master's degree in Speech-Language Pathology. The nature of the therapy we provide is very specialized, therefore, we are often asked to provide the opportunity for speech-language pathologists or related professionals to observe for educational purposes.

These observations and trainings are approved by your speech-language pathologist on an individualized basis. She will allow the observation, if she feels confident that doing so would not affect the integrity of the session.

_____ initials

I agree that this Waiver and Release of Liability shall apply to each day I am at The TALK Team regardless of the date that this form is signed below. I agree I will assume the risk and full responsibility for any and all injuries. Losses, or damages, that might occur to my child or other family members while on the premises of the preschool or participating in any off-site preschool program or activity; and to the maximum extent of the law, I agree to waive and release any and all claims, suit, or related causes of action against The TALK Team, their owners, therapists, employees or agents for injury, loss, death, costs or other damages to me, my heirs or assigns, or third party claims, suits or related causes of action asserted against the clinic arising from my conduct and/or my family's conduct while participating in the clinics programs or activities. I

further agree to release, indemnify, defend and hold The TALK Team harmless from any liability whatsoever for future claims presented by my child for any injuries, losses or damages.

Amy Prince, MA CCC-SLP, BCBA and Amber Ladd, MA CCC-SLP, BCBA are the directors of the clinic. If you have questions or concerns about any aspect of your services at The TALK Team, please do not hesitate to contact us:

Consultations: 559-970-8277, Option 1 hello@thetalkteam.com
Scheduling: 559-970-8277, Option 2 scheduling@thetalkteam.com
Billing/Insurance: 559-970-8277, Option 3 info@thetalkteam.com

I have read, understand, and agree to abide by all sections listed above.

Child's Name: _____ Child's DOB: ___/___/___

Your Name: _____

Relationship to Child: _____

Signature: _____ Date: _____