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## POLICIES AND PROCEDURES

### 1. Schedule:

Every \_\_\_\_\_ from \_\_\_\_\_ with \_\_\_\_\_

Every \_\_\_\_\_ from \_\_\_\_\_ with \_\_\_\_\_

### 2. Attendance

- a. Please call if your child will be absent from therapy. At least 24 hours notice is preferred. There will be a \$25 fee for no-show appointments and late cancels. We encourage you to reschedule your appointment to avoid this fee.
- b. After 2 consecutive no shows, your child will be discharged from treatment.
- c. Consistent attendance is crucial for your child's success in treatment. Frequent cancellations, tardiness, and no shows may result in additional fees and/or discharge from treatment at the discretion of your clinician.

### 3. Payment and Fees: Please refer to the financial responsibility form for fee schedule.

- a. **Payment is due at the time services are rendered.**
- b. Payments may be made via cash, check, debit/credit card on the patient portal, or PayPal (pay to newheights4speech@gmail.com)
- c. Please make checks payable to New Heights Speech and Language

### 4. Insurance

- a. New Heights is in network with most insurances. Please contact our office for assistance in determining your coverage.
- b. We are able to bill several insurance companies out-of-network. Please contact our office to determine if this is an option for your insurance.
- c. Patients are responsible for knowing their coverage information and tracking visits.

### 5. Patient Portal: You will receive an email to register for the portal. Please set up your account promptly to receive your records, invoices, and make payments. If you did not receive the email or need it resent, please let our office know and we can re-send the email.

I have read the above policies and procedures. I agree to these terms and conditions and authorize treatment for my child.

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Patient Name

Date

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Representative Signature

Relationship to Patient