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## FINANCIAL AND APPOINTMENT POLICY

Client's Name: \_\_\_\_\_

Thank you for choosing True North Speech for your speech, language, and educational therapy. We look forward to helping you or your child reach your desired communication goals. Following is our financial and appointment policy. Please read, sign, and date this agreement prior to the start or continuation of our services.

### *APPOINTMENTS*

Each appointment includes both therapy and consultation (such as instructions for home practice or discussions during the session). Your appointment time is reserved for you. If you must cancel, please be sure to contact your therapist *directly*, at least 24 hours in advance by telephone or text. Otherwise, you will be charged in full for the missed therapy session (excluding emergencies). If you cancel your sessions frequently, you may lose your reserved appointment time.

### *COMMUNICATION*

You may call anytime to reach us. If we are unable to take your call, leave a message, and we will strive to return your call within the next business day. Please note that telephone, office, and email discussions with a client, family, or concerned professionals outside of therapy sessions will be considered consultation time and, therefore, appropriate fees will apply.

### *INSURANCE COVERAGE*

Your extended health insurance policy is a contract between you and your insurance company. True North Speech is not a party of that contract. Therefore, fees are your responsibility whether your insurance company pays them or not. You may be able to use the assessment report and/or your receipts to justify insurance coverage. The insurance claim process, however, is your responsibility.

**Please note that cancellations with less than 24 hours' notice will be charged the full fee for the scheduled session.**

I, the undersigned, acknowledge and agree to all of the terms of this Financial and Appointment Policy

X  
\_\_\_\_\_  
Signature of financially responsible party  
(Rev. 01/20)

\_\_\_\_\_  
Date