



Contract of Services

1) Therapy days and times will be established in the beginning of the therapy process. Your appointment times are weekly standing appointments that are reserved for you. If you cancel your child's appointment two weeks in a row, your therapist has the right to take your child off the schedule. Therapy times may be changed if given a two-week notification of new schedule needs and by speaking directly to your child's therapist.

2) If Kidspeak is a participating provider with your insurance company, **co-pays, co-insurance** and/or **deductibles** are due at the time services are rendered.

** Please note that Kidspeak submits claims on your behalf to your insurance company. If at any time there is a discrepancy regarding payment for services (e.g., your insurance company decides not to reimburse speech and language therapy), you are responsible for full payment fee of services rendered.

3) If Kidspeak is not a participating provider with your insurance company, **full payment** is expected at time of session. We will file claims on your behalf.

4) A **one week** notification is expected for an absence due to vacation and a **two week** notification is required if terminating speech and language therapy before the program is completed. If two weeks is not given, full payment is expected for the missed therapy sessions.

My signature below indicates that I understand and accept the conditions of the above contract with Kidspeak Management, LLC:

Client Name: _____

Parent Signature: _____

Date: _____

