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3943 Dahlwiny Court • Atlanta, GA • 30350 • (404) 210-0043 • [jen@reingoldspeechtherapy.com](mailto:jen@reingoldspeechtherapy.com)

## **REINGOLD SPEECH THERAPY POLICIES AND PROCEDURES:**

### **Payment Policy**

Thank you for choosing Reingold Speech Therapy Services for your therapy needs. Like many private speech therapy clinics, Reingold Speech Therapy requires direct payment for speech therapy services. This allows us to offer the highest quality, personalized therapy for your child at cost effective prices.

As an added value to clients, Reingold Speech Therapy does offer to submit claims to insurance companies on your behalf at no additional charge. Clients seeking insurance reimbursement will be asked to review and complete our insurance forms.

By signing this agreement, you are agreeing to pay for all services provided to you or your family member even if your insurance company denies payment.

Reingold Speech Therapy Services provides two basic payment options:

1. We invoice monthly at the end of the month. You will receive your invoice via e-mail and it is due upon receipt with a grace period until the eighteenth of the month. Payment must be received by this date.
2. Some clients wish to pay by check or cash at the beginning of each session. In this case we provide a "paid in full" invoice at the end of the month.

Either of the above two methods can be paid by cash or check (please make checks out to Jennifer Reingold). You will be charged a \$25 fee for each returned check.

### **Late Payment Fees**

A late payment fee of \$30 is charged for each period in which a payment is not received by the eighteenth of the month. In addition, services may be put on hold until the current balance is paid.

**Parent Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## Internal Privacy Policy

Please refer to Reingold Speech Therapy Services, LLC HIPAA policies for detailed information on how your child's medical information is stored and/or shared with other healthcare providers.

Reingold Speech Therapy Services, LLC will keep all therapy notes and records in locked cabinets. They will be available only to Jennifer Reingold, CCC-SLP, parents and/or guardians.

Records will be shared with other healthcare providers only with parent (or guardian) written consent. Anytime healthcare information is shared, a note will be placed in the child's folder with applicable written consent. Date and information shared will be noted.

Records will remain in a locked file cabinet for at least six years after children have completed the Early Intervention Program. At that time, they will be shredded and discarded.

Jennifer Reingold is the Privacy Officer in charge of all medical records and therapy notes and is responsible for implementation and development of all HIPAA policies. Any requests or complaints regarding protected health information should be forwarded to:

### **Jennifer Reingold**

Reingold Speech Therapy Services, LLC  
3943 Dahlwiny Court  
Atlanta, GA 30350  
404-436-1311  
[jen@reingoldspeechtherapy.com](mailto:jen@reingoldspeechtherapy.com)

### **Effective Date**

This notice is effective on or after January 1, 2014

**Parent Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## Cancellation Policy

Reingold Speech Therapy Services, LLC understands that everyone might have an unforeseen event in which you cannot make your appointment with us. We only ask that you have the courtesy to call us at least **24 hours in advance** to reschedule your appointment. We allot one grace appointment in which you are not charged a fee for that sudden emergency.

This includes if your child receives therapy at school and will be going on a field trip, has a conflicting school program or has doctor's appointment. If you must cancel a morning appointment due to sickness, please call the speech-language pathologist the evening before or by 8:00 a.m. the day of the scheduled appointment. As part of your financial responsibility we are advising you that Reingold Speech Therapy Services, LLC reserves the right to charge a fee for any appointment that is not kept or not canceled by giving 24 hours advanced notice. If you fail to follow these policies, you will be billed in full for the session. Unforeseen circumstances are anticipated and will be dealt with on a case- by- case basis.

Please be assured that we want to run the practice as efficiently as possible in order to provide you the best care; and that this policy is in place to help us achieve that goal. We appreciate your understanding and cooperation in this matter.

Parent Initials: \_\_\_\_\_ Date: \_\_\_\_\_



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## Additional Speech Therapy Policies:

- ✚ Speech Therapy sessions are 55 to 60 minutes, which typically includes: set up, clean up, parent consultation, and 50 minutes of direct therapy time.
- ✚ In order to maximize therapy time for all of our clients, we ask for your child to arrive on time. If your child arrives to the session late, then any delay will be deducted from therapy time.
- ✚ As a courtesy, Reingold Speech Therapy Services offers the option of off-site therapy. When our therapists travel to offsite locations, such as your child's home or school, they will always try to arrive and start on time. However, please allow at least a 15-minute window for start time, and rest assured, our therapists will still provide a full session.

**I CERTIFY THAT I UNDERSTAND AND AGREE TO ALL OF THE ABOVE MENTIONED POLICIES AND PROCEDURES:**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_