



Time 2 Talk LLC

Phone: 908-509-4837 Email: Time2TalkNJ@gmail.com

Website: www.Time2TalkNJ.com Instagram: Time.2.Talk.NJ

Client Contract

I, _____ (the "Client"), hereby consent for Time 2 Talk, LLC (the "Provider") to provide speech-language Evaluation and/or Therapy Services to: _____, DOB: ____/____/____. This agreement may be terminated by either party, in writing, at any time.

➤ Billing/Fees for Service

The private pay rate of \$_____ per _____ minute therapy session will be charged to Client. For Evaluations, the following private pay rates apply, depending upon the type of Evaluation performed:

Speech Production	\$
Speech Production & Language	\$
Fluency (Stuttering)	\$
Feeding/Swallowing	\$

➤ Cancellation Policy (Client)

If Client is unable to attend a speech therapy session, Client agrees to contact Time 2 Talk at least 24 hours in advance at (908) 509-4837. If Client fails to provide 24-hour notice for a cancelled session, Client understands that a fee of \$40.00 will be charged to their account (with limited exceptions, as decided on a case-by-case basis and at the sole discretion of the Provider). Client is responsible for paying cancellation fees at their next scheduled appointment, prior to any services being provided. Client will notify the Provider at the next scheduled appointment if Client is in need of a payment plan.



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➤ Cancellation Policy (Clinician)

If the Provider needs to cancel a session due to an illness or emergency, Provider will notify client as soon as practicable. If a cancellation is necessary for any reason other than illness (e.g., conference, vacation, etc.), you will be informed two weeks in advance of the next scheduled appointment and Provider will make a best effort to reschedule the appointment if possible. Provider's staff will notify Client with a phone call in the event that Client's session is cancelled due to inclement weather conditions. It should not be assumed that a session is canceled based upon school closings or early dismissals.

➤ Attendance Policy

Client understands that consistent attendance plays an important role in maintaining client's child's progress in therapy and helps prevent skill regression. As such, Client agrees to make a best effort to attend the scheduled sessions on a regular basis. Client understands that sessions are scheduled for each client on the same day of the week and hour of the day for each weekly session. Client will only accept a time slot if Client is able to attend that day/time on a weekly basis. Provider offers flexibility when given advance notice and time slots may be changed as needed depending on therapist availability.

Client acknowledges and agrees to each of the following attendance policies: Clients who miss three (3) consecutive sessions (with the exception of serious illnesses or emergencies, and at the sole discretion of the Provider) will be notified that they are in jeopardy of losing their appointment slot. Clients who miss two (2) consecutive sessions without calling Provider 24 hours in advance to cancel a session (with the exception of serious illnesses or emergencies, and at the sole discretion of the Provider) will be charged with cancellation fees for those sessions.

Please notify us in advance if you plan to go on a vacation and will be absent for two (2) or more weeks, so that efforts can be made to reschedule your appointments.



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➡ Payment

Private Pay

If Client is utilizing private pay (i.e. no insurance) the client is responsible for payment in full. Client may choose to pay on the same day or by the 30th of the month. Payments are accepted by Venmo, Cash App, cash, or check. Failure to pay on the agreed upon schedule will place therapy on hold until billed amount is paid.

Insurance

If client is utilizing insurance the client is responsible for understanding their own insurance plan and the speech therapy benefits that are provided to them under their current insurance plan, including benefit limitations, benefit maximums, deductibles, co-insurance eligibility, copayments, etc). If claims are denied as a result of insurance changes or insurance limitations (i.e. maximum number of visits allowed), the private pay rate of \$_____ will be charged to the client directly. If therapy is continuing after maximum is reached, the client is responsible for the private pay rate of \$_____ per session.

➡ Late Arrivals

If client is late to an appointment/request a later start time, the session will need to conclude at the usual time to allow the provider to stay on schedule. If the provider is running late for any reason, client will be given provider's full session time. Our staff regrets any inconvenience to your personal schedule and we will make our best efforts to maintain timeliness.

➡ Holiday Closures

The office will be closed for the following holidays:

New Year's Eve

New Year's Day

Presidents' Day

Memorial Day

Fourth of July (or the observance thereof)

Labor Day



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Thanksgiving and the Friday following
Christmas Eve and Christmas Day (or the observance thereof)

If a therapy session falls on one of the above holidays the provider will try their best to reschedule.

➤ Therapy Sessions

Therapy sessions are 45 or 60 minutes in length for all clients. Virtual/teletherapy will allow 30 minute sessions. This time may include consultation and/or family education. Your child's progress is contingent upon the practice and carryover that occurs in the home setting. **The last five (5) minutes of all therapy sessions are indirect**, in that provider will utilize this time to write therapy notes and complete paperwork. This may happen within the home or at a later time.

If Client has specific questions, issues, or concerns that Client would like to address, please make the Provider aware at the beginning of the session, so that the proper amount of time can be allotted to speak with the Client. If you do not notify the Provider at the start of the session that Client is requesting additional time for questions, the Provider will have to address outstanding Client questions at the next session. The clinicians appreciate your understanding and compliance in helping us maintain timeliness for all of our scheduled appointments.

If your child attends his/her session with another caregiver (e.g., grandparent, aunt, uncle, babysitter, etc.) the Provider will update the other caregiver regarding your child's session only if a release of information form is signed. If parents are consistently unable to attend sessions, Provider is not responsible to provide updates via phone or email. You may pay a fee of \$25 for a 30-minute meeting or telephone conversation with your child's clinician during office hours to discuss your child's progress.

Provider does not attend IFSP or IEP meetings or develop IFSP or IEP goals for families. Provider will speak with your child's Early Intervention or school-based speech-language



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pathologist on the phone or via email if given your written authorization. If Client asks Provider to write in a communication book with a school-based speech-language pathologist we will do so during Client's appointment time. If Client would like a progress report due to a transition within the school or an appointment with a related professional, please allow the clinician at least two (2) weeks' notice. We require a \$10 fee for articulation progress reports and a \$15 fee for two or more domains (i.e. articulation and language). Payment must be rendered prior to receipt of the progress report.

»Termination of Therapy

Therapy sessions may be terminated due to:

Repeatedly not paying an account. Client will receive a warning when there is an outstanding account balance consisting of multiple payments due. If we do not receive your payment within 2-weeks upon receipt of that warning, therapy will be placed on hold until payments are rendered in full. Your child may lose his/her appointment slot and be placed on a waiting list at such time. Continued non-payments will result in termination of services.

Engaging in behavior that breaches trust; such as withholding pertinent information about the case history or asking us to alter Provider's data or diagnosis.

If you need to terminate therapy for any reason, we ask that you give us written notice a minimum of two (2) sessions in advance. This will allow us adequate time to wrap-up therapy and complete consultation with you. A therapy termination form will be provided for you to complete.

»Time 2 Talk, LLC, reserves the right to cancel or amend this contract, or any part therein without negating the remainder of the contract. Clients will be notified, in writing, of any changes or cancellation of this contract.

I have read and accept the terms of this contract. ☐ Client Initials _____



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Alexandra Murray MS CCC SLP
Owner Time 2 Talk, LLC
41YS00958300
908-509-4837
Time2TalkNJ@gmail.com
NPI Number: 1376153551

Parent/Guardian name (printed)

Parent/Guardian signature and date