



Heidi Miller Speech & Associates

Speech, Language & Feeding Therapy

Welcome to Heidi Miller Speech

Thank you very much for choosing **Heidi Miller Speech**. We look forward to providing your child with quality Speech, Language, Feeding and Oral Motor services.

Kindly be punctual for therapy. Clinician often has back-to-back therapy sessions; therefore, unfortunately if you arrive late, appointment cannot go past scheduled therapy end time.

Therapy sessions will *end approximately 5 minutes before scheduled time* in order to provide education to family members regarding carry over activities and progress.

Please do your best to complete carry over assignments as this will expedite the therapy process and allow your child to meet his/her goals in a timelier manner.

Communication is very important and allows Heidi to give you customized care. Please understand that she cannot always answer the phone because she is often treating children. You may always feel free to text her at 973-885-4450 or email if it is a matter that is time sensitive and can not wait until your scheduled appointment. Otherwise always feel free to leave a message and she will return your call at her earliest convenience.

Cancellation Policy and Billing Authorization

Credit Cards and Billing:

- a) Credit cards are **NOT** accepted for speech services at this time.
- b) Payment is due at the end of each month – electronic invoices are provided for your records. If you prefer to pay weekly that can be arranged. Kindly pay **PROMPTLY** at the following session after invoice is received.
- c) Please make checks payable to **Heidi Miller Speech LLC**

No shows, cancellations, and rescheduling:

- a) All appointments missed without at least 24 hours notice will be billed in full
- b) Only severe weather, illness, true family or medical emergencies will be accepted as reasons for missing appointments with less than 24 hours notice.
- c) No Show appointments are billed as a full session

Please understand, If your child consistently misses therapy their regularly scheduled spot will be given away to someone on the wait list and a week to week spot may be arranged if there is availability.

I, _____ (print patient/guardian name) hereby acknowledge and understand the cancellation policy for Heidi Miller Speech LLC.

Signature: _____ Date: _____