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**www.speechtherapynyc.net**

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## EVALUATION CONTRACT

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Thank you for choosing NYC Speech-Language Pathologist, P.C. for an evaluation!

Please be advised that you must **send a deposit of \$150** (check or credit card) **within 5 days of booking your appointment** in order **to secure the time slot**. It also ensures that payment will be provided for the time set aside for your test/evaluation session.

This deposit will be applied to your evaluation fee.

*Please note balance is due at the time of the evaluation session.*

If you need to cancel an evaluation, **72 hours (3 days) notice is required** in order to receive your deposit back. Failure to cancel your appointment or a “no show” will result in loss of your deposit, in which case your check/credit card payment will not be returned.

All reports will be sent within 3 weeks of the scheduled evaluation/completion of evaluation. With your consent, the report will also be sent to others practitioners, such as dentist, orthodontist or primary care provider.

Thank you for your cooperation!!

Sincerely,

*Deirdre Beglan*, MS, CCC-SLP, COM

Founder: NYC Speech-Language Pathologist, P.C.

Please sign below and mail this form along with your deposit, to our office within 5 days of scheduling your evaluation session.

I, \_\_\_\_\_, understand that mailing a deposit to NYC Speech-Language Pathologist, P.C. is to reserve a time slot for an evaluation. I have read the above evaluation policy and agree to the terms outlined. I also understand that if I do not cancel within 72 hours notice, I am subject to being charged a cancellation fee (losing my deposit).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_