



475 White Plains Road, Suite 14, Eastchester, NY 10709
7 West 45th Street, Suite 401, New York, NY 10036

www.speechtherapynyc.net

Phone: (914) 236-3365 | Fax: (914) 236-3364

EVALUATION CONTRACT

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: _____