

New Patient Policies

1. Complete New Patient Questionnaire and Policies Forms. Please have them ready and with you at your child’s first visit if you haven’t emailed them beforehand.
2. Please have any relevant information regarding your child’s speech and language history (i.e., hearing test results, prior speech evaluations, etc.) available for initial visit.
3. Cancellation within 48 hours of the scheduled visit will result in a charge for the full session.
4. All billing is done on a monthly basis. A monthly invoice will be sent via email with your fee for the previous month’s session.
5. Payments are accepted in the form of check, Zelle or Venmo. Checks should be made payable to your regular therapist, whose name will be at the bottom of your invoice.
6. Invoices not paid IN FULL within 14 days of receipt will incur a 10% charge of your total bill. Late fees will continue to accrue an additional 10% of the total invoice + previous late fee for each subsequent week the invoice is not paid in full.
7. All evaluations and therapy services provided are **OUT OF NETWORK**. We do not accept insurance. A detailed bill (“super bill”) is provided on a monthly basis, which may be submitted to your insurance carrier for reimbursement. Please check with your insurance carrier prior to your appointment to determine your “out of network” benefits.
8. **I give permission to release information regarding my child's evaluation and treatment to his/her pediatrician and/or other pertinent professionals.**

Please read carefully and sign at the bottom of the page.

Child’s Name: _____

Caregiver’s Name: _____

Caregiver’s Signature: _____

Date: _____

Your signature on this form marks your agreement to pay for Language Lab fees for service as stated on our website www.languagelabnyc.com in FAQs.