



# Policy and Procedure Manual

\* Please Read! \*

Madison Speech, LLC  
103 Intercom Drive, Suite C  
Madison, AL 35758

Phone: (256) 464-9464  
Fax: (256) 325-9469  
[www.madisonspeech.com](http://www.madisonspeech.com)

Welcome to **Madison Speech**, LLC – a privately owned pediatric speech therapy clinic. We are conveniently located in Madison, Alabama and happily serve families in the surrounding communities as well. Our goal is to provide individualized quality speech and language services to children under the age of 18 in a one-on-one therapy setting. Our mission is not only to evaluate and treat communication disorders, but also to educate and equip families and caregivers to be active participants in the intervention process. Our Speech-Language Pathologists are fully licensed and trained to provide exceptional services to the families we have the honor to serve. We hope your experience with our clinic is one that you are happy to share with others. If you would like to share your experience, we would be very appreciative if you would leave a review on our Facebook Page “Madison Speech” and/or Google. Thank you for choosing Madison Speech!

**Office Hours:** We are open Monday through Thursday from 8:00 AM to 4:30 PM. We are closed for lunch from 11:30 AM to 1:00 PM. We are closed on Fridays.

## **Policies and Procedures**

**Arriving/Departing:** Parents arriving with children should escort them to and from the vehicle, as well as, supervise them while in the waiting room. Upon arrival, please sign-in at the reception window and wait until your child is called back for therapy.

**\*Note:** Please **DO NOT** leave the premises during your child's therapy session in case of emergency, sickness, etc.

**Evaluations:** If your child is being seen for an initial evaluation following a referral, your appointment is scheduled for a 1.75 hour block. The actual length of the appointment may vary depending on the age of the patient, the assessments that need to be completed based on current concerns, and how quickly the patient progresses through testing. Following completion of testing, the remaining time of the appointment is available for a conference with the family to discuss initial findings and therapy plans moving forward. A detailed evaluation report will be provided to the family following completion of testing approximately one to two weeks after your appointment via mail. Please make sure the mailing address provided on the case history intake form is the address in which we may send you paperwork as needed. If therapy is recommended, please provide your availability to bring your child in for weekly therapy sessions to either the evaluating SLP or the receptionist. Our office will then call you as soon as we have an appointment available for your child to begin speech therapy.

**Therapy Appointments:** Each patient will have regularly scheduled appointments on the same day/same time each week. Each session will be 30 minutes in duration. Your child's therapist will come get your child at the time of their appointment. If you are late for your scheduled appointment, your child will receive therapy for the remainder of the time of your appointment. In this case, you will still be charged for a full therapy session. If you will be late for your appointment, please call our office to let us know.

If you need to discuss a topic that may require additional time, please call to schedule a time to further talk or contact your child's therapist via email. Each session will end no more than five minutes early to allow time for the therapist to review with you what was targeted in the therapy session, discuss how the patient responded, and to answer any questions or address any concerns noted by the family.

**Change of Information:** Please notify our office/receptionist of any changes in your contact information or insurance at the time of sign-in.

**Observing Therapy Sessions:** Observation within the treatment room is allowed at any time; however, a visitor's presence may be distracting to the patient, which adversely affects patient performance. In

cases of difficulty with parent-child separation, please consider the professional judgment of your child's therapist in attempting to foster social independence. Each therapy room is equipped with an "observation window" that we encourage you to utilize during your child's session.

**Cancellations:** Please notify us if you are unable to keep your appointment for any reason. We ask that you give our office at least a **24-hour** notice with the exception of cancelling due to sickness (as we understand this can come on quickly). If you call after-hours or on a weekend, please **leave a message** and we will return your call as soon as we are back in the office. If you do not leave a message, we do not know that you have called.

**\*Note:** If your child has a regular standing appointment and there have been two "no shows" (missed sessions with no cancellation call/email before the appointment) **you will be dropped from the therapy schedule.** Additionally, if a pattern of cancellations occur in which the child misses more than 50% of their appointments in a month, you will be notified that their appointments have been dropped. If that occurs, we are happy to offer you appointments on a week-by-week basis as they become available.

As our therapists are respectful of your time, we ask that you be respectful of theirs as well. We do our best to accommodate full schedules and actively work to get each new patient scheduled as quickly as possible. If for any reason you would like to be dropped from the schedule, please let us know so we can utilize your child's appointment time for someone who is waiting for their own appointment time.

If for any reason Madison Speech has to cancel your appointment, we will contact you as soon as possible. It is important that we have your updated phone number in the event that we have to cancel your appointment.

**Illness/Sickness:** Your child must be **fever free** for at least 24 hours (without fever reducing medicine) to attend their therapy appointment. If your child appears sick or indicates that they are not feeling well, the session will be canceled at the discretion of the therapist/staff. If during a session the patient appears to be sick, the session will immediately end to allow time for disinfection of therapy materials and the waiting room. This will also result in the family being charged for the entirety of the session that was scheduled.

**Please remain home if you or your child exhibits any signs of illness.** If in doubt, please call and talk with our office staff to determine if you need to cancel your appointment. If your child did not attend school due to sickness, they should not come for therapy. You will not be charged for a cancelled appointment.

We want to provide a clean and safe facility for your therapy needs. Please understand that this is for the protection of all who visit and work at Madison Speech.

**Refusal of Service:** We reserve the right to refuse treatment services to anyone at our sole discretion for reasons of behavior, lack of compliance with clinic policies, or any other issues that we feel might affect the safety and/or well-being of our staff and/or patients/families.

**Billing:** Co-payments are due at the time of service unless other arrangements have been made. We currently accept Blue Cross Blue Shield, Tricare (upon authorization), Medicaid (with referral), and private pay.

For in-network clients, our clinic files claims and offers claim management services as a courtesy. Policyholders remain responsible for notifying the clinic of changes in insurance policies or plans prior to the effective date of change. It remains the policyholder's obligation to monitor deductibles, policy changes, and claims for accuracy. You are responsible for what insurance does not pay. It will be your

responsibility to appeal to the insurance company if they reject the claim for any reason. We will be glad to give any information/paperwork that they may request to assist you in this area.

**Payments:** We currently accept cash, check (Note: Returned check fee of \$25), debit cards, most major credit cards, and Apply Pay. Payments can be made in-person, over the phone, or mailed to our clinic.

**Late Payments:**

31 – 60 days past due	\$15 late charge
61 – 90 days past due	\$15 late charge AND cancelled therapy sessions until payments are made

\*Note: Past due accounts may be subject to a collections process. The guarantor of the account remains liable for any and all collection costs including reasonable attorney's fees, court costs, and other related expenses necessary to collect and settle past due accounts.

**Discipline:** Madison Speech will use redirection methods and "time-out" as the primary form of discipline, if needed. If your child's behavior is beyond the realm of our authority, we will ask for your assistance. If for any reason your child does not respond to discipline and still misbehaves, we may request that the session be discontinued to resume the next week.

**Closings:** We follow the Madison City School calendar for holiday closings. In the event of inclement weather we typically follow the decisions made by Madison City Schools; however, we may adjust our hours as we see fit. For office updates on closings or changes in hours, please check our Facebook page "Madison Speech", call and listen to the voicemail message on our office phone, or check for an electronic notification (email / text / etc.) In the case of unexpected closings or scheduled holiday closings, appointments are only rescheduled if a therapists' schedule permits.

**Smoking and Use of Tobacco:** In order to maintain a safe and comfortable working environment, smoking and all forms of tobacco products are prohibited within the office, as well as, on the outside sidewalk of our clinic and the adjacent businesses. Please be mindful and respectful of others.

**Child Abuse:** If abuse is suspected we are required by law to report it to the Department of Human Resources of Alabama.

---

By signing below I am acknowledging that I have read and agree to the guidelines noted above.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_