



REDMOND
SPEECH & LANGUAGE
SERVING ALL OF CENTRAL OREGON

ATTENDANCE POLICY

Please initial each line.

_____ **A makeup session must be scheduled within 2 weeks of every missed appointment.** You can schedule this directly with your therapist or by calling/texting our office at 541-668-3232.

_____ **A \$50 fee will be automatically charged for a missed appointment with less than 24 hours notice.** We have a 24/7 timestamped voicemail and text system. Please notify us any time of day or night at 541-668-3232. We keep a credit card on file for these fees and any expected coinsurance or copay. We are prevented by law from charging late fees to Medicaid patients.

_____ **Poor communication or attendance puts you at risk for losing your regular place on our schedule.** For example, one missed appointment with no notice is considered poor communication, and 2 missed appointments in 30 days with less than 24 hours notice is considered poor attendance.

You can find more details and frequently asked questions, such as how we handle illness or emergencies, at redmondspeech.com.

CREDIT CARD AUTHORIZATION

I authorize Redmond Speech & Language, LLC to keep my signature on file and to charge my account for copays, coinsurance, balances not paid by insurance, payment plan charges, and late fees.

I understand this form is valid from the date that I sign until revoked in writing.

Patient's Name _____

Cardholder's Name _____

Card # _____

Expiration Date _____ CVC Code _____

Zip Code _____ Email Address (for receipt) _____

Cardholder's Signature _____ Date _____