



OFFICE POLICIES

Child's Name: _____

_____ I choose to pay for the entire session/semester in advance.

_____ I choose to predate checks for the entire semester which will be kept in my child's file. **Failure to provide all pre-dated checks for the entire program by the first day of therapy, will result in forfeiture of my deposit/discount.**

_____ I hereby authorize Jodie K. Schuller & Associates to use the below stated credit card for payment of my child's services. Charges will be processed by the 29th or 31st of each month or the first working day after the month's end. **There is a credit card convenience fee of \$35.00 per monthly charge for clients using their credit cards. Any charges not paid by the 5th of the month will accrue a \$50.00 late fee.**

Name on card: _____

Account Number: _____ Security Code: _____ Exp. Date: _____

Full Address: _____

_____ I understand that Jodie K. Schuller & Associates offers insurance billing as a courtesy.

_____ I understand the \$35.00 credit card convenience charge will apply to cover the processing fee if my insurance company pays with a credit card.

_____ I understand that services are individually provided and JKS professionals will reserve permanent times for my child for an entire semester. To book these individual time slots, I realize I must make a **nonrefundable deposit**.

_____ I understand that my child's assigned time slots are not flexible, and the program is filled to capacity. I will work with my therapist to make up absences before/during the makeup week at the end of the semester and recognize that **JKS is only required to make up one-two sessions (one for speech/language and two for literacy)**. It will be my responsibility to arrange/coordinate any other makeups for missed sessions, if that is even possible, given the remaining time left in the semester. **No sessions can be carried over into the following semester.**

_____ I understand there is a 15-minute window of time following social thinking and literacy sessions and a 5-10 minute window of time following speech/language sessions. I understand that my child's instructor will use that time to go over homework and/or compose a weekly email summary to the family. **I will arrive 10-15 minutes before** my child's session ends to pick up my child and facilitate this process.

_____ I will notify my instructor for non-emergency cancellations at least 48 hours in advance; if not, I understand I will be charged for the session. I will call **my therapist directly by 8:00 pm for emergency cancellations for the following morning** and by **8:00 am for emergency cancellations for that afternoon**; if not, I understand I will be charged for the session.

_____ I understand that social thinking groups meet every week at the scheduled times. If I miss a session, I understand that I will not be reimbursed for that session. If I enroll for a minimum of 18 sessions, I understand that I may attend a makeup session, which will be held at the end of the semester at the regular date and time.

_____ In the rare event that services can no longer be retained/rendered, I understand that I must provide JKS with 30 days' notice and my tuition will be adjusted to reflect **full payment** (discounts no longer apply) for all services contracted including those services under contract during my 30 days' notice. In addition, I understand there is a \$500.00 - \$1000.00 penalty charge (\$500 for speech/language/myofunctional therapy and \$1,000 for literacy) for early termination of said contract.

_____ I understand that I cannot cancel sessions excessively, because the benefit to my child is compromised, and I am occupying a timeslot that no one else can use. When that happens, I understand that I will be asked to postpone treatment until the following semester. If I choose not to postpone treatment and instead cancel services, I understand the \$500 (speech/language/myofunctional therapy) or \$1000 (literacy) penalty will be applied.

Signature

Date