



Evaluation Contract

Thank you for choosing Reach for Speech & Beyond, LLC for an evaluation!

Please be advised that you must **send a deposit of \$150** (check or money order) **within 5 days of booking** your appointment in order to **secure the time slot**. This fee is to review your records and communicate prior to the evaluation. It also ensures that both the patient and therapist are committed to setting the time 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/money order will not be returned.

All reports will be sent within 3 weeks of the scheduled evaluation appointment/completion of evaluation. With your consent, the report will also be sent to other practitioners, such as dentist, orthodontist or primary care provider.

Thank you for your cooperation!!

Sincerely,
Alicia Frannicola, MS, CCC-SLP, COM®
NJ Licensed Speech Pathologist #41YS00636100
Certified Orofacial Myologist #263-C-18

***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 Reach for Speech & Beyond, LLC, is to reserve a time slot for an evaluation for _____ (patient name). I have read the above evaluation policy and agree to the terms outlined. I also understand that if I do not cancel with 72 hours notice, I am subject to being charged a cancellation fee (losing my deposit).

Signature: _____ Date: _____

Reach for Speech & Beyond
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