



2026 Policy Information

Please be advised of the following office information. Failure to comply with office policies can result in a loss of a weekly session or additional fees.

Session lengths vary according to your individualized needs.
Treatment can either be 30, 45 or 60 minute sessions.

Evaluations include speech, language or orofacial myofunctional skills as well as a tethered oral tissues assessment. *Please specify what you are interested in when scheduling an appointment

Elimination of noxious habit/non-nutritive sucking program

Payment is due at the time service is rendered, as we are a fee-for-service practice.

INSURANCE: Please note that while Reach for Speech & Beyond, LLC is not an in-network provider and payment is due after each session, we will provide you with a superbill for you to submit to your insurance provider if you choose to seek reimbursement. However, it is the patient's responsibility to know what their plan covers and what procedures need to be followed. Please be aware that some companies require a script, or a pre-authorization form prior to services. We are happy to fill out forms if needed; however the patient/family must provide all of the required paperwork.

*NOTE: In accordance with NJ P.L. 2018, c.32, I must inform you that services may be covered in network at a lesser rate and you have every right to pursue finding a provider who accepts your insurance.

Please make copies before sending them to insurance so you have your own record. Duplicate copies are only available for a fee. It is encouraged that you check with your insurance carrier to verify your plan and benefits.

Reach for Speech & Beyond, LLC accepts all forms of payment (i.e. cash, Zelle, Venmo, check, credit card)

If paying by check, please make all payments payable to:

Reach for Speech & Beyond, LLC

In the event a check is returned for non-payment, a \$30 fee will be applied.

A \$30 late payment fee will be charged if payment is not received on time. An addition \$5 will be charged for each week payment is late. In addition, services may be put on hold until payment is received. During non-payment, Reach for Speech & Beyond, LLC reserves the right to give your time slot to another client.

If you are unable to keep your appointment, please contact us 24 hours in advance of your scheduled start time. If notice is not received 24 hours in advance, you will be billed for the scheduled session.

Please keep in mind that frequent cancellations impact progress. Remember, by committing

to a weekly appointment, another client cannot receive therapy in that slot. If you want to hold a weekly slot, you must be committed to that time and day. If sessions are cancelled twice within a four-week period or a pattern of cancellations is noted, Reach for Speech and Beyond has the right to offer that time slot to another client who can commit to weekly sessions at that time.

Again, Reach for Speech & Beyond, LLC reserves the right to terminate services if the client is not attending on a weekly basis, as consistency and commitment are crucial for therapy success and maintenance.

Sessions are on an ongoing weekly basis except for the following holidays:

New Year's Day

Easter

Thanksgiving

Christmas Day

Please provide Reach for Speech & Beyond, LLC with **at least two weeks notice for family vacations** and for holidays not included above. *Please provide four weeks notice should you decide to end or decrease services to avoid being charged for those sessions.*

Session time allotment includes time spent setting up and cleaning up the therapy materials, bathroom time when needed, discussion of client progress and answering any questions/concerns.

Requests for additional paperwork (i.e. for insurance purposes) such as detailed weekly notes, progress reports, etc., are available for an additional fee.

I _____ understand and agree to Reach for Speech & Beyond, LLC
(print name)
policies for private speech, language and/or orofacial myofunctional therapy. I will abide by them and pay any associated fees for missed sessions, no shows and/or discontinuation of services without proper notice as indicated in these office policies.

Please note the length of session you would like us to reserve for you: _____

Signature

Date

Thank you!

Alicia Frannicola, MS, CCC-SLP, COM®
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