

All in 1 SPOT with TheraTalk, SLP, PT, OT, PLLC  
150-50 14<sup>th</sup> Road  
Whitestone, NY 11357  
Tel: (718) 767-0071/0091  
Fax: (718) 767-0086  
[www.spotwiththeratalk.com](http://www.spotwiththeratalk.com)

*"Working together towards achieving outstanding results."*

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Dear Patient, Parent or Legal Guardian,

Please be considerate of the other patients and arrive promptly at the appointed time. Cancellations must be made within 24 hour notice. Failure to inform us of three consecutive cancellations will result in removal from the caseload except for an emergency or doctor's note. Please note that you will be charged for each session canceled without 24 hour notice if you are paying privately. Furthermore, health insurance patients will be charged a \$35 penalty for canceling without 24 hour notice. Frequent cancellations will also result in discontinuation of services through All in 1 SPOT with TheraTalk.

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**Print Name of Patient**

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**Signature of Patient, Parent or Legal Guardian**

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**Date**

\*Please note, for DOE/BOE children the same policy applies, however, no fees/penalties are charged.

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\_\_\_\_\_, 20\_\_\_\_

Patient Name: \_\_\_\_\_

It is understood that I, \_\_\_\_\_, will be responsible for full reimbursement for the evaluation and/or therapeutic services provided, if the third party does not compensate TheraTalk/All in 1Spot with TheraTalk. I also understand that if I fail to notify All in 1 SPOT with TheraTalk of any changes/disruptions in my insurance coverage, I am responsible for full reimbursement to All in 1 SPOT with TheraTalk for services provided.

My billing address is:

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**Signature of Patient, Parent or Legal Guardian**

(\*Saved as cancelation policy and insurance disruption)