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Evaluation Reservation Policy

I understand that careful individual planning and time goes into preparing for my child's speech-language/oral motor/eating evaluation. I know HMS strives to maximize my child's potential. I am aware that there is a waiting list for current evaluation slots.

I _____, understand that the fee for less than **72-hour** cancellation notice, *for no-shows, & for rescheduling >1 additional time* for evaluations is \$100. This fee will be charged to my credit card #, which I provided to Help Me Speak upon registration. I authorize Help Me Speak LLC to charge my credit card in the amount of **\$100** for any of the above reasons. (Visa, MC, Discover)

CC# _____

Expiration Date: _____ Security Code: _____

Name on Credit Card _____

 Responsible Party Name Responsible Party Signature

 Client Name Date of Birth Date

Insurance: _____ ID #: _____