



Barbara A. Taylor, M.S., CCC-SLP, COM™  
 & Associates  
 2500 Wallington Way; Suite 103  
 Marriottsville, MD 21104  
 410-442-9791  
[www.helpmespeak.com](http://www.helpmespeak.com)  
[office@helpmespeak.com](mailto:office@helpmespeak.com)

### Evaluation Reservation Policy

I understand that careful individual planning and time goes into preparing for my speech-language/oral motor/eating evaluation. I know HMS strives to maximize my 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 #: \_\_\_\_\_