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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 there is normally a fee for less than **72-hour** cancellation notice, *for no-shows, & for rescheduling > 1 additional time* for evaluations is \$100. Medicaid patients are not charged for these fees, although we have the right not to reschedule the appointment and discharge the patient for failure to comply with our evaluation and cancellation policy.

Responsible Party Name	Responsible Party Signature
Client Name	Date of Birth      Date

Insurance: \_\_\_\_\_

ID#: \_\_\_\_\_