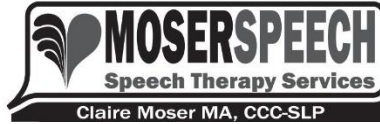


Phone: 865-579-2293
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MoserSpeech.com



10721 Chapman Hwy
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Seymour, TN 37865

PARENT/GUARDIAN COMMITMENT TO PATIENT'S PLAN OF CARE

PATIENT NAME: _____ PAN: _____ TODAY'S DATE: _____

Based on the results of your formal evaluation at Moser Speech Therapy, your SLP has recommended that you attend therapy _____ / week to address the goals which have been explained to you. Consistent attendance has been shown to greatly impact the amount of progress that our patients make, and as such, we ask that you make every effort to commit to the plan of care that your SLP has established.

For the convenience of our patients and their families, Moser Speech Therapy offers a "regular recurring" schedule to all patients as they enter into a Plan of Care, based on the recommended frequency, established by the SLP. A "regular" schedule means that our facility has a recurring day and time RESERVED for a patient, which allows a family to plan ahead in order to commit to the patient's plan of care.

While Moser Speech Therapy understands that things come up from time to time, creating the need for cancellations and/or rescheduling a regular appointment, Moser Speech Therapy requests the commitment of all patients/families who accept a RESERVED SCHEDULE, to adhere to their treatment plan with a minimum of 75% attendance, recognizing that RESERVED recurring appointments are offered as part of Moser Speech Therapy's practice of MUTUAL ACCOUNTABILITY, as discussed in the CORE VALUES provided to each patient on their first visit to our clinic.

If a patient is unable to commit to a "regular" (RESERVED) schedule, our Patient Service Coordinator will be happy to provide appointments as available, on a weekly basis; however, we cannot guarantee that a set day/time will be available. This may affect the frequency of sessions that a patient will receive. Moser Speech Therapy is committed to working with patients to the extent that we are able, but it is anticipated that patients will work with us to ensure that the patient is being brought regularly to the clinic.

As RESERVED appointments are limited, Patients who do commit to a "regular" (RESERVED) schedule must maintain a minimum of 75% attendance. If monthly attendance falls below 75%, their "reservation" (regular recurring appointment day/time slot) may be forfeited, at which time that patient will need to begin scheduling individual appointments on a weekly basis.

Thank you for your understanding of Moser Speech Therapy's position on this requirement. We are so privileged to be working with you and look forward to celebrating PROGRESS with each and every one of you!!

PARENT/GUARDIAN COMMITMENT TO PATIENT'S PLAN OF CARE

Patient Name: _____ Today's Date: _____

___ I am able to commit to a **RESERVED** schedule: _____

I understand that by accepting this regular recurring schedule, I must commit to a minimum of 75% compliance with this schedule, and that if my attendance falls below 75%, my appointment times may be forfeited, at which time I will need to schedule individual appointments as they are available.

___ I am unable to commit to a **RESERVED** schedule at this time; however, I am committed to supporting the patient's plan of care by scheduling individual appointments at the recommended frequency.

I understand that I must contact MOSER SPEECH THERAPY at (865) 579-2293 each week to schedule these individual appointments.

___ I am unable to commit to the frequency of sessions that has been recommended by the SLP, but I am able to commit to _____ sessions per week, and will schedule individual appointments each week.

I understand that I must contact MOSER SPEECH THERAPY at (865) 579-2293 each week to schedule these individual appointments.

PARENT/GUARDIAN SIGNATURE

PRINTED NAME