



Dear Parents,

Thank you for your interest in Susan L. Cohn & Associates. Enclosed is our intake packet. Please read everything over, fill out the information sheets and return to your child's therapist at the initial session.

The following information needs to be completed:

- A physician referral (if required by your insurance company)– Please ask your child's physician to fax to us at 425-391-2555
- Insurance Benefit/Verification Checklist (complete top portion only) – mail or fax back to the office prior to your child's initial session
- Signed Financial Policy Sheet
- Signed 'Acknowledgment of Receipt of Notice of Privacy Practices'
- Registration Form signed at bottom (2 places)
- Case History

(Also, please bring in your insurance card for us to copy).

Please call Medipost, Inc., our billing company, to discuss insurance authorization: 1-888-698-6488 ~ Patient Billing ~ Department 1.

Feel free to bring any previous evaluations, reports, etc., that you feel would be helpful in assessing your child.

Please do not hesitate to contact us with any questions or concerns you may have.

Thank You,

Susan L. Cohn & Associates, PC  
Pediatric Speech-Language Pathologists

## PATIENT INFORMATION SHEET

### Treatment Sessions

If you leave the clinic during your child's therapy session, please arrive back early enough to discuss your questions or concerns within your child's allotted therapy session length. If you are not able to be back by the end of your child's session, please do not leave the clinic.

### Appointments

Please remain in the waiting room when arriving for your child's appointment. Your therapist will meet you in the waiting area to let you know she is ready to begin. Siblings must remain in the waiting room with adult supervision unless invited into your child's session by your therapist. *Please do not allow children to play with items stored in the cabinets in the waiting area or therapy rooms. All toys, books, & therapy items are the personal belongings of the therapist.*

If you arrive late, the sessions will end at the scheduled time.

### Insurance

MediPost, Inc. is the company responsible for the billing of our services. Please contact Medipost directly regarding any billing at 1-888-698-6488. Also, please notify your therapist immediately if you have a change of insurance, phone number, or address.

### Illness

Please do not bring children to therapy if they have a fever or contagious illness. We need to protect the health of all of the patients and therapists in our office.

### Holidays

Your therapist will inform you if she is available to work on any holidays.

### Reports

We would like to work as a team with your physicians. Please let us know as soon as possible if your child is going to be seen by a pediatrician, neurologist, psychologist, or another practitioner. We would be happy to send an update of treatment progress.

