

Robyn Merkel-Walsh MA, CCC-SLP/COM<sup>®</sup>

Licensed Speech Pathologist  
Certified Orofacial Myologist<sup>®</sup>

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## EVALUATION CONTRACT

**PLEASE READ ALL THE INFORMATION ON THIS FORM.**

Thank you for selecting my office for an evaluation. Since my evaluations are very detailed and specialized it is important that I take extra care in booking your appointment and reviewing your records.

1. Please be advised that you must send a deposit of **\$150** (check or money order) within 7 days of booking your appointment in order for the time slot to be held. This fee is to review your records and communicate prior to the evaluation.
2. Please arrive for your evaluation with ample time for travel but ask that due to the setup of my office and privacy of each child, that no one enters the clinic prior THE EXACT TIME OF the designated session (Covid 19 Policy). Please have your child wash their hands in the bathroom when entering the office. Please see COVID -19 Policy as the waiting room is closed until further notice. **Initial** \_\_\_\_\_
3. Parking is available in a lot located behind my office or on the street. There are no lines painted in the lot, but there are brown squares on the wood ledge as guides, so please do your best to allow cars to park beside you.
4. I highly advise you use the directions to the office provided on my website as navigation is not always accurate. If you are late, I cannot go past the end time due to other patients.
5. Please make sure you come prepared with the following items NO NUTS PLEASE:
  - Crunchy snack (pretzels, chips, crackers) if tolerated
  - Puree snack (applesauce, yogurt, pudding) if tolerated
  - "Regular" meal items (chicken nuggets, sandwich etc.)
  - Liquid/drink (and the bottle, straw or cup your child regularly uses)
  - Payment for services as listed in item #6
  - Additional reports you may want me to review
  - **Initial** \_\_\_\_\_

6. Please note: You must cancel your evaluation **72 hours (3 days)** to receive your deposit back. This is for all non-emergency cancellation (*Minus time already taken to review your files, records etc.*). I will not however see patients who are ill. Please reschedule your visit if the patient I am assessing is ill (\*see below). Failure to cancel your appointment or a "no show" will result in loss of your deposit, in which case your check/money order will not be returned. **Initial** \_\_\_\_\_
  
7. All reports ARE UPLOADED TO THE SECURE PLATFORM within 30 days of the scheduled appointment. Due to the length of these reports, they are best in a digital format. I suggest you save the PDF and upload it to your providers of choice through their secure platforms. Hard copies will not be mailed. **Initial** \_\_\_\_\_
  
8. Some parents request a call, meeting or visit to review the report. Note this is not included in your evaluation fee as I bill by time. Generally, I will do this in the first session of therapy. If you are not attending therapy in my office and feel you want a parent conference this is 50.00 for 30 minutes or 100.00 for an hour. **Initial** \_\_\_\_\_
  
9. Your balance is due at the test session UPON ARRIVAL. Checks and cash are accepted. CREDIT CARDS ARE NOT ACCEPTED FOR LIVE EVALUATIONS. **Initial** \_\_\_\_\_
  
10. **NOTE: I DO NOT EVALUATE SICK PATIENTS. PATIENT MUST BE: 1) Fever free without medication for 72 hours; 2) on antibiotics a full 72 hours for strep or bacterial infection; 3) free of flu symptoms for 7 days and 4) diarrhea and vomiting free at least 3 full days (72) hours and tolerating food and liquids and 4) Covid free for 10 days as per the CDC guidelines. When in doubt please email me at [robynslp95@aol.com](mailto:robynslp95@aol.com).** **Initial** \_\_\_\_\_
  
11. Please attach your check or money order to this form (BOTH PAGES) and sign below. **Mail this form along with the case history that is on my website (child 0-14 or adult 14+).** Please do not email or fax it due to HIPPA. Mail all these documents within 7 days of scheduling your appointment. **Initial** \_\_\_\_\_

Thanks so much for your cooperation. I look forward to meeting you and helping you / your child!

*Robyn Merkel Walsh* MA, CCC-SLP/COM

I \_\_\_\_\_ understand that mailing a deposit to Robyn Merkel Walsh is to reserve an evaluation. I have read the evaluation procedures and policies. I also understand that if I do not cancel with 72 hours' notice, that I am subject to being charged a cancellation fee / waiving my deposit.

Signed:

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