



**Robyn Merkel-Walsh MA,CCC-SLP/COM®**  
Licensed Speech Pathologist

TalkTools® Instructor ♦ Board Certified Orofacial Myologist® ♦ Vocologist  
Board Chair, Oral Motor Institute  
Beckman Trained ♦ PROMPT Trained ♦ SLS Certified  
NJL# 41S00305300 ♦ NYL# 031285-01 ♦ CAL #40564

480 Bergen Blvd. Suite 3 Ridgefield NJ, 07657

[www.robymerkelwalsh.com](http://www.robymerkelwalsh.com)

201-945-6200

[robymstlp95@aol.com](mailto:robymstlp95@aol.com)

## EVALUATION CONTRACT

**PLEASE READ ALL INFORMATION CAREFULLY BEFORE SIGNING.**

Thank you for selecting my office for an evaluation. Because these evaluations are highly specialized and detailed, I reserve appointment times carefully and spend significant time reviewing records prior to your visit.

1. A \$150.00 deposit (check or money order only) must be received within 7 days in order to secure BOTH the virtual intake and live evaluation appointments.
2. Please allow ample travel time to arrive promptly. Due to the setup of the office and the privacy of each patient, no one may enter the clinic prior to the EXACT scheduled appointment time. Upon entering the office, the patient (and if a child one caregiver) must wash their hands in the bathroom.  
Initial \_\_\_\_\_
3. Parking is available in the lot behind the office or on the street. Please use the space marked "Speech Only" or any unmarked parking space.
4. Please review the directions on my website prior to your visit, as GPS/navigation systems are not always accurate. If you arrive late, I cannot extend the session beyond the scheduled end time due to other patient appointments.
5. Please bring the following items to the evaluation. (NO NUTS OR FISH PLEASE):

- Crunchy snack (pretzels, crackers, chips, etc.) if tolerated
- Pureed snack (applesauce, yogurt, pudding, etc.) if tolerated
- "Regular" meal items (sandwich, chicken nuggets, etc.)
- Liquid/drink and the bottle, straw, or cup regularly used by the patient
- Payment for services as outlined in Item #10
- Any additional reports you would like reviewed

Initial \_\_\_\_\_

6. Please note that once the virtual intake has occurred, the evaluation deposit becomes non-refundable.
7. I cannot evaluate patients who are ill. If you/your child becomes sick within 7 days of the live assessment, so we may discuss whether rescheduling is appropriate (see Item #11). Emergencies and sudden illnesses are understood and handled differently than known illnesses. If illness symptoms are not disclosed prior to the appointment, an additional \$150.00 deposit will be required to reschedule, as evaluations reserve 90 minutes.

Initial \_\_\_\_\_

8. All reports are uploaded to the secure patient platform within 30 days of the scheduled evaluation. Due to the length of these reports, they are provided digitally only. I strongly recommend saving the PDF and securely sharing it directly with your providers as needed. Hard copies will not be mailed.

Initial \_\_\_\_\_

9. Some families request an additional phone call, meeting, or conference to review the report. Please note that this is not included in the evaluation fee, as services are billed based on time. In many cases, report review is incorporated into the first therapy session. If you are not attending therapy at my office and would like a separate parent conference, the first 15 minutes are complimentary. Additional fees are as follows:

- Additional 30 minutes: \$50.00
- Additional 60 minutes: \$100.00

Initial \_\_\_\_\_

10. The remaining balance is due UPON ARRIVAL at the live evaluation session. Checks and cash are accepted. CREDIT CARDS ARE NOT ACCEPTED FOR LIVE EVALUATIONS.

Initial \_\_\_\_\_

11. I DO NOT EVALUATE SICK PATIENTS. Patients must meet ALL of the following requirements prior to attending the evaluation:

1. Fever-free without medication for at least 72 hours
2. Completed a full course of antibiotics for strep throat or bacterial infections
3. Free of flu symptoms for at least 7 days
4. Free of vomiting and diarrhea for at least 7 days and tolerating food/liquids normally

5. Covid-free for 10 days in accordance with CDC recommendations
6. Free of visible nasal discharge and/or significant coughing , rash etc.

When in doubt, please email me at [robynslp95@aol.com](mailto:robynslp95@aol.com).

Initial \_\_\_\_\_

12. Please mail BOTH PAGES of this signed contract along with your deposit, case history form, and privacy forms from my website (Patient 0-14 or Adult 14+ forms as appropriate). Please do not email or fax forms. Please do not require a signature upon delivery.

Initial \_\_\_\_\_

13. Failure to comply with Items #6 or #11 will result in forfeiture of the evaluation deposit. If you choose to reschedule, a new contract and deposit will be required without exception.

Initial \_\_\_\_\_

Thank you 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 reserves an evaluation appointment. I have read and understand the evaluation procedures and policies. I also understand that once the virtual intake takes place the deposit is nonrefundable. If I cancel without 72 hours' notice, a new deposit will be required.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_