



CORRECTIVE SPEECH AND LANGUAGE THERAPY, INC.
4219 Flora Vista Drive, Orlando, FL 32837
Office (407) 857-6285 fax (407) 857-9566
www.centralfltherapy.com

Effective August 1st 2006

There will be a \$25.00 charge to any no show or missed visit appointments.

Your insurance will NOT cover missed visits or no show appointments.

We ask that you kindly inform your therapist of any changes in your schedule. As a courtesy to your therapist, please inform our office or your therapist of any necessary cancellations within 24 hours of your therapy session.

If you have any questions or cannot contact your therapist, please contact our office at 407/857/6285. Thank you for your cooperation.

Signed: _____