

Laura Rubinoff and Associates

Speech and Language Pathologists • Language Disability Specialists

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Acknowledgement

I have read the fee schedule, billing information and the cancellation and make-up policies provided to me by Laura Rubinoff and Associates. I understand these policies and agree to abide by them.

Please Print Child's Name:

Please Print Parent's Name:

Parent's Signature:

Date:

Credit Card Authorization

If you wish to pay by credit card. Please complete the information below and return to the below address:

Card Holder Full Name:

Child's Name:

Visa/MC (circle one) Acct. Number:

Expir. Date:

Card Holder Signature:

Date: