



## Cancellation Policy

**NON-EMERGENCY: 24 HOURS NOTICE:** This includes vacations, pre –planned doctor’s appointments, family events, parties, sports events, lack of baby sitter, etc. This includes anything that is not designated by “emergency “(see below). The session must be canceled with 24-hour notice or you will be charged for the session. If cancellations become excessive for non-emergency purposes, then the client may lose his/her weekly slot in the therapy schedule.

**EMERGENCY: CANCEL BY 9AM:** Emergency cancellations are due to illness, death in the family, or illness of a family member. These sessions must be canceled by 9am on the day of the therapy slot. It is understood that on some occasions children are sent home late in the day. If this happens on occasion beyond the family’s control, you will not be billed. Please do not bring your child with a fever, strep, rash, diarrhea, vomiting or any highly contagious illness. In general, if they are too sick for school, they are too sick for therapy. Please call before 9AM to avoid a fee. If the session is not canceled by 9AM or client is a no-show, it will be billed at the full therapy rate and will not be made up.

**INCLEMENT WEATHER: CANCEL BY 9AM:** When a storm is expected, or the roads are dangerous the office usually closes. It is understood that some clients may live far away, and while the office may not be closed, you may choose to stay home with your child. In this case, you must follow the procedure for EMERGENCY cancellations, and call by 9am that day if you think you would prefer not to travel or you will be billed at the full therapy rate.

**OVERALL ATTENDANCE:** Since we hold sessions as a weekly slot, you are essentially promising to fulfill that slot. We take careful attendance. If you exceed a cancellation rate 25% or greater, miss any 3 sessions without prior notice, or miss more than 5 sessions in a 6-month period, you will receive a written warning notice that your slot is in jeopardy, especially if you do not schedule/attend makeup sessions. Please note that on occasion, another therapist may see your child if for any reason your regular therapist is unavailable.

**LATENESS:** While we do our best to stay on time, occasionally, we will be late for session. You will receive your full session time should this happen. However, if clients are late, they only receive therapy for the time slot they were assigned for. For example, if a client arrives at 3:45pm for a 30-minute session at 3:30, we will still end at 4:00 etc. Please be on time for your session to assist in maximum progress gains. Also, to keep the office running smoothly *have your payment ready before the session, and be prepared to exit the therapy room/waiting room on time.* This keeps the office on time.

**ORTHODONTICS:** We ask that you please notify your therapist immediately when orthodontics are suggested for your child. When working with your child, we may have to teach them effective placement of their tongue in their mouth, strengthen muscles, and stabilize the jaw to correct any issues. It is extremely important to let your therapist know of any orthodontic appliances that might be recommended by an orthodontist **before** it is placed in their mouth as it can affect and change the outcome of therapy. We are happy to speak with your orthodontist to discuss treatment plans.

**DISCONTINUATION OF SERVICES:** If you plan on discontinuing services for any reason, ***you must give this office 2 weeks notice or you will be billed for the missed sessions.*** If requested, a discharge report will be prepared free of charge if you have been up to date with payments, and give this office ample notice.

**INSURANCE AND CANCELLATION FEES:** Cancellation/no-show fees are not reimbursable by insurance companies and will not appear on any insurance forms given to you. They are the sole responsibility of the client/parent/guardian.

**PLEASE SIGN THAT YOU FULLY UNDERSTAND AND ACCEPT THIS POLICY AND KNOW THAT IF YOU DO NOT FOLLOW THESE RULES YOU WILL BE SUBJECT TO CANCELLATION FEES.**

Name of Client: \_\_\_\_\_

Signature of Client/Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_