

# POLICIES AND PROCEDURES

## PLEASE READ CAREFULLY, SIGN AND RETURN. THANK YOU

We would like to give our fullest attention to your child at the time of their appointment. For that reason we ask that you respect our policies and procedures. Thank You!

- All co-pays are due at the time of service.
- Authorization by insurance does not guarantee payment. If your insurance company denies payment, you will be responsible for your bill in full.
- 24 hours cancellation notice is appreciated and/or there will be a \$25 charge for no-shows. Effective 9-21-2011, No call or no shows by 8 AM on the day of service will result in \$25.00 fee.
- An arrival of 15 minutes or later to a scheduled appointment may be subject to cancellation/or removal from schedule after 2 consecutive late arrival occurrences.
- Two “no shows” will forfeit your scheduled appointment time and will be reassigned to other clients, in addition to being put on a week to week call to schedule basis.
  - If a patient is removed from the schedule due to non-compliance with scheduled appointment times, and violation of the above policies there will be a **12-month waiting period** prior to being put back on the schedule.
- 2 cancellations within a 30 day period may result in cancelling upcoming appointments.
  - If a patient is removed from the schedule due to non-compliance with scheduled appointment times, and violation of the above policies there will be a **12-month waiting period** prior to being put back on the schedule.
- Returned checks will result in a \$25 fee due at the time of notification.
- Balances on all accounts must be paid in full in order to continue therapy services. Please check your balance prior to your therapy session and make payment as indicated. Outstanding balances will be sent to collections.
- Due to insurance liabilities, we ask that you be seated in the waiting area until a therapist can lead your child into the therapy room. Siblings will not be allowed into the therapy area.
- Please be prompt for appointments. Each session will include preparation of the treatment space (which may delay therapists for transitions of your child into

facility) and written skilled observation and assessments of session. Session may end 5 -10 minutes prior to scheduled ending time, and therapists will bring

child to you and discuss home exercises and/or treatment options. If parent is not available 5 minutes prior to end of session for therapist to transition, parent must remain in facility for duration of all future appointments. Late arrivals may result in shortened therapy session.

- Please note that some children give optimal performance to therapists without their parents in the session. Allow your child to establish a trusting, good relationship and rapport with his/her therapists.

## **Saturday Scheduled Appointments**

- **Due to the high demand of Saturday appointments, and additional time required of our therapists; it is our policy that 2 or more cancels or one no show in a 3 month period constitutes removal from Saturday schedule.**
- If a patient is removed from the schedule due to non-compliance with scheduled appointment times, and violation of the above policies there will be a **12-month waiting period** prior to being put back on the schedule. In addition, to a 90-day probationary period with the following guidelines:
  - **One no show in a 3 month period constitutes removal from Saturday schedule due to non-compliance with scheduled appointments.**
  - **Two cancels without reschedule in a 3 month period is grounds for permanent removal from reoccurring Saturday schedule and put on a week to week scheduling regime Monday-Friday only.**

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