

ATTENDANCE POLICY

REVISED September 2022

Cancelation Types:

Patient Cancel - canceling before 8 am day of or day before appt.

Late Notice Cancel - canceling appt. after 8 am day of.

72hr+ Notice Cancel - giving us 72hr+ notice of cancellation (ex: vacations)

No Call No Show - the child did not show up and we had to reach out after appt. start time.

Reschedule - canceled and rescheduled appt. to another day with notice.

Doctors Excuse - medical/illness excused by doctor or urgent care.

Provider Cancel - the therapist cancels treatment for the day.

Clinic Closed - the office is closed due to a holiday.

- ★ 1 NO CALL/NO SHOW without a valid excuse will automatically forfeit your standing appointment time.
- ★ 2 CANCELLATION occurrences (an occurrence is not considered in days but in episodes) within a 6 month period or excessive absences will be grounds for forfeiture of your standing appointment time.
- ★ 2 DOCTORS NOTES will be accepted within a 6 month period. A doctor's note is required for illness or medical reasons if you are missing multiple days; if provided, rescheduling will not be required - this is an excused absence!
 - If an occurrence is greater than 2 weeks, the patient will be removed from the recurring schedule and will be placed back on schedule when illness resolves.
 - If a doctor's note is not provided; a missed appointment must be rescheduled within 2 weeks of the originally scheduled appointment.
- ★ RESCHEDULES 2 occurrences within a 6-month period will be allowed.
- ★ Scheduled appointments that are canceled due to facility cancellations or holidays (**Provider Cancels or Clinic Closed**) in which the facility is closed will not be counted against you as an "occurrence". 72HR+ NOTICE CANCELS will not count against your Attendance.
 - It is recommended that reschedules are attempted to uphold insurance requirements and plan of care guidelines specific to your child.
- ★ A patient will be moved to the Week to Week scheduling list if attendance policy is not upheld. You will need to call **636-464-5439 option 2** every Monday to schedule for the week of.
 - If consistency is shown over a 30-day period, you will then be reconsidered for recurring schedule privileges.

By signing this document, I acknowledge that I have read and agree to everything listed in the above policy and procedures.

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Printed Name

POLICIES & PROCEDURES

- All co-pays and balances are due at the time of service and must be paid in full before your child will be seen by his/her therapist.
- Authorization is not a guarantee of payment. If your insurance company denies payment you will be responsible for the entire balance.
- Outstanding balances will be sent to collections and therapy will be discontinued.
- 24-hour CANCELLATION NOTICE is appreciated by 8 am due to a waiting list for children who cannot be scheduled for therapy services; otherwise there will be a \$25 charge.
- Returned checks will result in a \$25 fee due at the time of notification.
- 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. If you choose to bring a sibling, please bring activities to keep them occupied and seated directly next to you through treatment sessions, as excessive volume may interrupt treatment sessions. Siblings are not allowed on therapy equipment at any time.
- We are a **teaching facility**, and have several affiliations with local Universities in St. Louis; therefore, there may be times when a student observes or performs therapy sessions under the supervision of the treating therapists. You will be notified before the session begins if a student will be involved in the therapy session.
- We do our very best to begin and end treatment sessions on time. Please be prompt for appointments. Each session will include preparation of the treatment space (which may delay therapists for transitions of your child into the facility) and written skilled observation and assessments of the session.
 - Session may end 5 -10 minutes prior to scheduled ending time, and therapists will bring the child to you and discuss home exercises and/or treatment options. If a parent is not available 5 minutes prior to the end of session for the therapist to transition, parents must remain in the facility for the duration of all future appointments. Late arrivals may result in shortened therapy sessions. If occurrences continue, the child will be removed from upcoming scheduled therapy appointments, for a duration of 12 month period.
- If your child is potty training or was recently potty trained, please bring extra diapers and a change of clothes to all treatment sessions.
- 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.
- Unless we are provided with legal documents stating otherwise, we are required by law to provide parents with information regarding the child's therapy services, progress, evaluations, etc. Therapeutic Playtime staff will communicate with both parents, unless you provide court order and/or legal documents stating guardianship/custody/parental rights have been removed from said parent.

By signing this document, I acknowledge that I have read and agree to everything listed in the above policy and procedures.

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Printed Name