



Dear Families,

We realize that emergencies and other scheduling conflicts arise and can be unavoidable. However, when a cancellation occurs without enough notice it prevents another child from being scheduled in the time slot and leaves an unused opening in our therapist's schedule.

As a courtesy to everyone, we have instituted a fair cancellation policy as follows:

FOR INDIVIDUAL OT SESSIONS:

You may cancel by phone or via email. If you have to cancel your child's individual OT session, your child's therapist will offer you a makeup session if you cancel **24 hours prior** to the individual OT session. However, if you do not cancel 24 hours prior to your child's individual OT session you will be charged for the missed individual OT session. This OT session cannot be submitted to your insurance for reimbursement.

After three no shows for sessions, we reserve the right to cancel your standing appointment. In addition, if payment goes beyond 60 days, your appointment may be terminated.

*You will never be charged for a cancellation if it is made more than 24 hours in advance of your scheduled appointment time.

FOR GROUP OT SESSIONS:

Please call or email prior the scheduled group session to notify us of any changes or cancellations, so the therapist can adjust the session's plan. Please note **there will not be makeup sessions available** for any changes or cancellations for group sessions. We will send you the missed group session handouts and a 15-minute consult with the treating therapist may be scheduled in the case of multiple missed sessions.

CANCELLATION DUE TO ILLNESS:

Please cancel if your child has had, within 24 hours of the therapy appointment, a fever, vomiting, diarrhea, pink eye, or any other contagious condition. We do not want to expose others to illness. If your child has some congestion (without discharge) and only slightly reduced energy, the therapist can generally work on less physically demanding tasks for that session.

Thank you for providing our office and our children with this courtesy. I have read, understand, and agree to abide by the policy above:

Child's Name

Parent/Guardian's Name

Parent/Guardian's Signature

Date

Payments are made monthly, electronically, via credit/debit card. Your card will be billed monthly and your information stored securely in Quickbooks:

Name on card: _____

Card number: _____

Expiry date: _____

Zip code: _____ 3 (4=AMEX) digit security code: _____

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I prefer to pay by session and will bring a check today.

I, _____ understand the terms of the payment and cancellation policy.

Print name: _____

Signature: _____ Date: _____