



## Cancellation and Late Policy Agreement

Child's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

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Clients that arrive late for confirmed therapy services at any office location, home, or school are subject to the following:

- 1<sup>st</sup> Occurrence verbal warning
- 2<sup>nd</sup> Occurrence written warning
- 3<sup>rd</sup> Occurrence contribution will be requested
  - *8 minutes – 22 minutes late = \$30.00*
  - *23 minutes – 37 minutes late = \$60.00*
  - *28 minutes – 53 minutes late = \$90.00*
- 4<sup>th</sup> Occurrence service will be suspended

If therapy needs to be canceled, we request that you contact your treating therapist directly and the office 24 hours prior to your scheduled session. We recognize that unforeseen circumstances may require you to cancel in a less than timely manner, if so, please let us know 1 hour before your scheduled session. However, we reserve the right to implement the following:

- 1<sup>st</sup> Occurrence verbal warning
- 2<sup>nd</sup> Occurrence written warning
- 3<sup>rd</sup> Occurrence contribution will be requested
  - *No call no show = \$120.00*
  - *Untimely cancellation = \$120.00*
  - *53 minutes – 60 minutes tardiness = \$120.00*
- 4<sup>th</sup> Occurrence service will be suspended

Should a child be sick upon arrival at home, school, or office, the treating therapist will use his/her discretion to assess the ability of the child to participate and whether the treatment session can continue to be conducted or cancelled.

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I have received and read a copy of the cancellation and late policy agreement and agree to abide by the policy guidelines. I understand that if I have questions, at any time I may contact the office directly at 305-878-0083.

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

Parent/guardian Print: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_