



Pediatric Therapy Links, LLC

Phone: (772) 291-2179 · Fax: (772)-600-8274 · info@pediatrictherapylinks.com

Patient Name: _____

Patient DOB: _____

Attendance Policy

Consistent attendance is essential for your child's progress in therapy. Please remember that careful individual planning and time goes into preparing for your child's speech-language therapy sessions. Regularly scheduled appointments for speech language therapy services occur on the same day and time each week. Frequent cancellations and/ or two consecutive "no shows" may result in a loss of your appointment time. If you need to reschedule a session (for any reason, including illness), please give as much notice as possible. Please call the office at 772-291-2971 or email info@pediatrictherapylinks.com the office more than 24 hours in advance of your child's session if you need to reschedule.

- Any session missed as a result of a patient "no show" or late cancellation (less than 24 hours' notice) will be charged a \$30 cancellation fee. We cannot bill insurance for a cancellation; however, we can try to reschedule the missed session within the next seven days. If a late-cancelled (<24 hours) session is rescheduled within 7 days of the missed appointment, the \$30 fee will not be charged. This make-up will be in addition to the regularly scheduled frequency of therapy.
- A no-show session (no phone call or e-mail prior to a session to cancel) is not eligible for a make-up. The \$30 cancellation fee is due at or prior to the next scheduled session.
- If your child exceeds a cancellation rate of 20% or greater, you will receive a written warning notice that you child's therapy slot is in jeopardy.

I _____, understand that if my child _____, misses a session and I do not call or email at least 24 hours prior to my child's session time, I will be charged a cancellation fee of \$30. This fee is not covered by or submitted to, my insurance. The fee for a missed appointment will be collected prior to (or at) my child's next scheduled appointment. I understand that I am strongly encouraged to reschedule my child's session ASAP for continued progress on his/ her treatment plan.

Initials _____ I provide my consent to receive appointment text reminders for my child's therapy appointments to assist in increasing my child's attendance in therapy.

Parent Signature

Date