

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 9 am on the day of service will result in \$25.00 fee.
- Two “no shows” will forfeit your scheduled appointment time and will be reassigned to other clients.
- 3 consecutive cancellations will result in removal of “set” schedule times for the week and must call in weekly for appointments.
- 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 therapy room. Siblings will not be allowed into therapy room.
- Please be prompt for appointments. Session will end at 45-50 minutes and therapists will bring child to you and discuss home exercises and/or treatment option.
- 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.

Signature: _____ Date: _____