Chatterbox Pediatric Therapy Attendance/Cancellation Policy- 2023

*Effective 11/2022*

Consistent attendance during therapy is critical for a successful therapy program.

We are thankful that you have entrusted your child’s care to us. We hope that you will find your experience with Chatterbox Pediatric Therapy to be a fun and positive one.

It is very important that your child attends each session in order to make consistent progress. Consistent attendance to therapy sessions allows routine practice of skills targeted in therapy as well as facilitates faster progress towards their therapy goals. When children do not have consistent attendance, their progress slows, and they are more likely to regress during these periods of time when they are not receiving services.

In following the policy below, you are helping to ensure your child is regularly attending therapy to meet their goals. This policy also allows us ample time to offer any open times to children waiting for services.

1. All correspondence regarding cancellations and rescheduling of therapy appointments must go through the front office. Families may notify clinician as well as a courtesy but are responsible for contacting the office.
2. Please arrive on time for your scheduled appointment to receive your full treatment time. If you are more than 10 minutes late, your appointment will need to be rescheduled.
3. Parents must complete the text check in and screening process prior to being seen for any appointments. Parents are not allowed to check in prior to arriving at the facility.
4. A minimum of 24 hours' notice is *required* for non-emergencies.
5. Families are expected to make every attempt to reschedule any non-illness related missed appointments in order to remain on the reoccurring schedule.
6. If an emergency occurs after our normal business office hours, please leave a message on the answering service, enabling us to follow up to reschedule your appointment and ample time to notify the treating therapist(s).
7. Please do not bring your children to therapy when they are ill. **Children must be free of fever (without use of fever reducing medication), nausea or vomiting for 24 hours prior to returning to therapy.**
8. Patients with attendance below 80% of scheduled appointments will result in being removed from reoccurring appointments. This is the equivalent of missing more than 2/10 appointments for 2x a week or more than 1/5 1x a week appointment.
9. Two consecutive No Call-No Show appointments will result in immediate removal from the reoccurring schedule.
10. Repeated failure to comply with this Attendance Policy will result in your child losing their regularly scheduled therapy times and moved to our flex scheduling option. This will require you to call for an open appointment on each week/day you would like to receive therapy. We will do everything possible to accommodate you as space on the schedule permits.

No-Show/Late Cancellation Fees may be charged for **repeat offenses** of the following situations:

* Failure to show for a scheduled appointment without proper notification of absence.
* Failure to notify office of cancelled appointments within 24 hours of the scheduled appointment when applicable.
* Chronic arrival to appointments beyond the 10-minute mark, resulting in cancellation of therapy.
* A $65 No-Show/$40 Late Cancellation fee will be applied for failure to follow our attendance policy. For patients with multiple appointments in one day, the fee will not exceed $100 per day.
* Families are allowed these fees to be waived for one date of service per quarter.
* These fees *may* be waived in the circumstance that a no-show or late cancelled appointment is rescheduled and kept within one week of the missed appointment. Full payment of any assessed cancellation fees must be paid in full before your child may return to their regularly scheduled appointments and moved to flex scheduling. unpaid no show or late cancellation fees over 90 days may result in turning the account over to a third-party collection agency.

We appreciate your cooperation and compliance with our attendance policy. We look forward to working together to help your child reach his/her full potential.

By signing, I acknowledge that the above has been reviewed with me and I have full understanding of the attendance policy.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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