



24 HOUR CANCELLATION AND “NO-SHOW” FEE POLICY

Children’s Therapy Connections (CTC) is committed to providing exceptional service to all our clients. We try our best to work with each family in scheduling appointments for therapy sessions that will work best for them. Each time a client misses an appointment without providing proper notice, another client is prevented from receiving treatment. Please understand our therapists reserve time specifically for your child and are typically not able to reschedule that time.

CANCELLATIONS & FEES

CTC requires 24 hour advance cancellation notice of scheduled appointments. (Example: an 8am appt. on Friday requires cancellation prior to 8am on Thursday). Two cancellations are allowed per quarter (3 month period) at no charge. Each additional cancelled sessions during that same quarter will incur a Cancellation Fee of \$50 to be billed directly to the responsible party.

MISSED APPOINTMENTS (“NO SHOWS”) & FEES

The responsible party will immediately be billed a Missed Appointment Fee totaling \$50 for the following reasons:

- All missed (no show) appointments
- Cancellations without 24 hour advance notice of your scheduled appointment
- Cancellations absent a compelling reason i.e. family emergency, illness

LOSS OF REGULAR APPOINTMENT TIME SLOT

When cancellations and “no-shows” are excessive (greater than 3 absences per quarter) for two quarters in a row, your child will lose his/her regularly scheduled time slot. Options can be discussed at this time including home programming, weekly available open spots due to other cancellations or placement on our waitlist.

IMPORTANT: Back-to-back treatment sessions or treatment sessions that involve more than one therapist will result in charges for each therapist’s time, generating two fees of \$50 (\$100). Insurance companies will not be billed for missed (no show) or cancelled sessions. Payment will be required prior to start of next treatment session. Lack of payment may result in a loss of your scheduled therapy time.

Thank you for understanding and cooperation as we strive to best serve the needs of all our clients.

Responsible Party Signature: _____ Date: _____

Printed Name: _____

THIS DOCUMENT DATED JULY 20TH, 2015 SUPERSEDES ALL PREVIOUS CANCELLATION/NO-SHOW POLICIES