



## CANCELLATION POLICY

Attending scheduled appointments is crucial to ensuring progress for your child. Any changes in scheduled appointments affects other patients and families. Please be courteous and call our office as soon as possible if you are unable to keep the time reserved for your child.

We understand that there are times when you must cancel appointments for certain reasons. Please keep in mind that an excused absence would be the result of illness, a doctor's appointment, pre-planned vacation, or pre-planned school activities, for which you provide us with notice in advance of the appointment time. On the contrary, an unexcused absence results when we do not receive advance notice of cancellation.

- We require a **24-HOUR ADVANCED NOTICE FOR ALL CANCELLATIONS**.
- The parent / guardian must advise Kids Care Therapy Center, Inc., which one is the best way to communicate with them (telephone / message / email) to confirm therapy visits. **PARENT / GUARDIA WHO DOES NOT CONFIRM ATTENDANCE, THE NEXT VISIT WILL BE CANCELED AUTOMATICALLY**. If we cannot contact a parent / guardian, therapy services that are received at KidsCare Therapy Center, Inc. will be discontinued and your doctor will be notified immediately.
- Patients who **DO NOT SHOW UP FOR THEIR APPOINTMENT AND DO NOT CALL TO CANCEL WILL BE CHARGED \$20.00 USD**. This cannot be charged to your insurance. Therefore, you are personally responsible for this charge and it will be collected at your next appointment. Appointments are reserved for your child and when no notice of cancellations are given it impacts the clinic tremendously. We do have a waiting list of patients and a "no-show" causes a significant loss of revenue for our facility.
- If you have **TWO "NO SHOWS" IN A 4 WEEK PERIOD, YOU WILL BE DISCHARGED** from KidsCare Therapy Center, Inc. and your physician will be notified immediately. A "no show" is a missed appointment where the patient did not call to cancel.
- If you **cancel three appointments in a 4 week period, you will be discharged** from KidsCare Therapy Center, Inc. and your physician will be notified immediately. (Reasons given for cancellations will be considered individually by the clinic on a case by case basis.)

I hereby understand the above cancellation policy and agree to abide by it.

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Signature of Parent/Guardian of Child

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Date