



P: 316.618.1252 F: 316.869.2277 [www.theraplayspot.com](http://www.theraplayspot.com) 560 N. Exposition, Wichita, KS 67203

## **HELPFUL HINTS ABOUT CANCELATIONS**

1. Give as much notice as possible. This helps both the office and your therapist with planning. You might even help another child who can get therapy in your timeslot for that week. And, of course, you avoid any fees.
2. You may call the office 24/7 at 316-618-1252. If it is after-hours, leave a message.
3. Plan to reschedule and make up any missed appointments.
  - 🐾 Better attendance = better progress for your child.
4. Little to no notice of a cancelation is actually expensive for a company. The no-show and late-cancel fees do not cover our expenses for your missed appointment. However, they do assist with paying for a portion of the lost time spent preparing for your child's session and or waiting for your child.

## **OUR LATE-CANCEL POLICY**

1. Cancel & reschedule early to avoid a late-cancel fee.
2. "Late-Cancel" means after 8:30 a.m. on the same day of the appointment.
3. The first late-cancel in each calendar year will be granted a "late-cancel waiver" of any fees, regardless of reason.
4. Additional late-cancels will have a \$25 fee, regardless of reason. (We are not trying to be jerks; truly, we just want to stay in business for these children.)
5. If late-cancels continue, you could lose your regular timeslot. If this happens:
  - 🐾 We might offer you an alternate regular timeslot that may work better for you.
  - 🐾 If that doesn't work, and we do not have a time that works better for you, we can refer you out to other therapy clinics.

## **OUR NO-SHOW POLICY**

1. Please don't no-show. Instead, cancel early.
2. A first no-show will be granted a one-time-only "no-show waiver" of any fees, regardless of reason. We know life happens.
3. Additional no-shows will have a \$25 fee, regardless of reason, and may be discharged from therapy

*I have read and understand TheraPlay Spot's Helpful Hints about Cancellations, Late-Cancel and No-Show Policies.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Childs Name