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Attendance Policy

Pediatric Possibilities, P.A. requires 24-hour notice to cancel or reschedule an appointment. Pediatric Possibilities, P.A. has an attendance policy to monitor and ensure that clients regularly attend their scheduled appointments for an overall successful therapy program.

_____ (initial) **Missed Appointment and Late Cancellation Policy**

A Missed Appointment or Late Cancellation (an appointment not canceled 24 hours prior to the appointment time) will result in a fee of \$50*. Exceptions are made for emergencies and sudden illness.

Pediatric Possibilities, P.A. understands there may be a Missed Appointment or Late Cancellation due to unforeseen circumstances or a scheduling conflict beyond your control. For this reason, we will waive your *first* Missed Appointment or Late Cancellation fee and will send you a reminder letter of the Attendance Policy.

A *second* Missed Appointment or Late Cancellation will result in a fee of \$50*. This fee is the sole responsibility of the client and must be paid prior to your next scheduled appointment.

_____ (initial) **Late Arrival Policy**

Clients arriving 15 minutes or later for their scheduled appointment will be charged the full treatment rate*. Pediatric Possibilities, P.A. is unable to bill your insurance policy for any time missed due to late arrival to a scheduled appointment. Your Explanation of Benefits will reflect the amount billed to insurance.

Three (3) or more consecutive late arrivals may result in a scheduling modification to your recurring appointment. This will be discussed with you prior to change in scheduling.

_____ (initial) **Repeated Missed Appointments or Late Cancellations Policy**

Pediatric Possibilities, P.A. reserves the right to change/cancel your regular scheduled appointments due to inconsistent attendance. This will be discussed with you prior to change in scheduling. When appointments are missed consistently or without advanced notice, it interferes with your child's plan of care. Three (3) or more consecutive missed appointments may result in either forfeiture of your recurring scheduled appointment time or termination of service.

**Fee does not apply to clients who have Medicaid.*

Client Signature (Parent or Guardian if Client is a minor)

Date

Print Parent or Guardian Name

Client's Name