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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 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* 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.

A second Missed Appointment (No Show) will result in a fee of \$160\*. This fee is the sole responsibility of the client and must be paid prior to your next scheduled appointment.

\_\_\_\_\_ (initial) Late Arrival/Early Release Policy

Clients arriving 15 or more minutes late for their scheduled appointment or leaving 15 or more minutes early for their scheduled appointment will be charged the full treatment rate\*. Please be aware insurance will not cover the difference for early release and/or late arrival. The difference will be the sole responsibility of the client. Your Explanation of Benefits will reflect the amount billed to insurance.

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



(initial) Repeated Missed Appointments (No Show	ws) or Late Cancel	llations Policy
Pediatric Possibilities, P.A. reserves the right to change/cancel y This will be discussed with you prior to the change in scheduling notice, it interferes with your child's plan of care. Three (3) or meaning the result in either forfeiture of your recurring scheduled appointment.	g. When appointm	ents are missed consistently or without advanced nissed appointments and/or late cancellations will
*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