



Cancellation/No Show Policy

1. Cancellation Policy

We understand that there are times when you must miss an appointment due to emergencies, illness or other unforeseen circumstances. When an appointment is not canceled with advanced notice you may be preventing another child from receiving a therapy time. It is for this reason that any appointment not cancelled with a minimum of 24 hours advanced notice will be charged a \$25 fee; this will not be covered by your insurance company and be required to be paid out of pocket.

In addition, should you cancel more than 3 appointments with less than 24 hours' notice in a 30-day period or more than a 25% cancellation rate in a 6-month period your time slot will be forfeited to allow other children the opportunity to receive services.

2. No Show Policy

Failure to attend an appointment with any notice or cancellation will result in a No Show Visit Fee of \$40. Two consecutive no show appointments or more than two in a 30-day period will result in a forfeiture of your time slot to allow other children the opportunity to receive services.

3. Late Arrival Policy

We understand that delays can happen, however, in an effort to deliver quality care for your child and maintain other client's appointment time, children arriving more than 10 minutes late for a 30-minute appointment, 20 min late for a 45-minute appointment or 30 minutes late for an hour appointment may forfeit their appointment for the day at the discretion of the therapist. In addition, should your child arrive more than 10 minutes late for 2 consecutive therapy sessions a \$10 late fee will be charged for each occurrence.

It is the policy that all parents/guardians/adult transporting child to their therapy appointment, remain on premises for the duration of your child's therapy session. Should this policy be broken without prior consent from Amazing Kidz Therapy, this may lead to a forfeiture of your time slot. In addition, should this policy be broken and there is no responsible party able to receive the child at the end of the therapy session it will affect other children's therapy times and sessions. Therefore, a fee of \$10 for each 5-minute block of time will be charged until the child is retrieved.

Childs Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____