

2015 Cancellation Policy:

Each month you are receiving a number of visits (4,8 or 12) for your child's individual treatment program.

In order to provide you with the highest quality care and ensure optimal progress, it is critical that your child attend on a consistent basis.

Your credit card will be billed for all visits at the end of the month. All check payments will be made by the last therapy session of the month. Should there be any cancellations due to sickness, it will be the parent's responsibility to re-schedule that appointment within the month that it was missed. Otherwise, those missed appointments will be billed at the cost of the standard hourly fee.

Please understand that all missed appointments are a loss to your child as well as to Saddleback Pediatric Therapy.

Thank you for your cooperation.

Client Name _____
Client Signature _____ Date _____