



Pediatric Therapy Clinic • Speech-Language • Occupational • Aquatic Therapy •

The Suites • 4001 Raphune Hill • Unit 206 • Suite 4-5 • St. Thomas, VI • 00802

Attendance / Cancellation Policy

Attendance and participation in therapy along with complete compliance with any associated home programs, are essential for therapeutic success.

While Play OnWords Therapeutic Services, LLC understands that illnesses and emergencies occur, we respectfully request that you avoid frequent cancellations or “no shows”. Please adhere to our following policy regarding providing our office with advance notification for any cancellations resulting from a conflicting appointment, vacation, obligations for work or family, or any other event.

All cancellations must be submitted 24 hours prior to your scheduled appointment.

A fee of \$30 will apply if the following occurs. This fee will be billed directly to the client and not their health insurance company, as medical insurance does not provide coverage for missed sessions.

- If cancellations are made less than the required 24 hours.
- If the client fails to show up for a scheduled appointment.

If you cancel more than 3 session scheduled appointments within 30 days, the office will reserve the right to discharge the client or open up the appointment to another client. Additionally, if you arrive late for a scheduled appointment, the session will still end at the scheduled time or may be cancelled.

If you fail to appear for an appointment (no show) without providing the appropriate advance notification for 2 or more appointments within 30 days the office will reserve the right to cancel all pending/future appointments and to no longer offer services to you as a client.

Late Pick Up: If a client is picked up more than 5 minutes late following their scheduled session, a \$15 fee applies. This is out of respect for all clients as we schedule appointments back to back and late-pick up will prevent others’ from getting their full therapy time. We encourage all guardians to remain in the waiting area for the duration of the client’s therapeutic session.

I, _____, understand the attendance / cancellation / late pick-up policy and the risks of not adhering to it.

Print Name of Client

Date

Signature of Client or Legal Guardian

Relationship to Client