



Child's Name: _____
Date of Birth: _____

8200 Homer Dr. STE. F
Anchorage, AK 99518
907-345-0050 Phone 907-344-5103 Fax

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Cancellation Policy

Welcome to our office. We appreciate the opportunity of being of service to you. Our office is dedicated to excellence in patient care. To maintain our high standards, we believe that it is important that we communicate our policies to you. Please take a moment to read and become familiar with this policy. Should you have any questions, the office staff is happy to help. By presenting this policy in advance, we can avoid any surprises or misunderstandings. We appreciate your time and your understanding.

Our clinic strives to provide the best therapy services possible. In order to ensure optimal use of valuable therapy time, please discuss schedule changes at the end of your appointment with your therapist and the front desk administrator. We understand occasional changes are necessary due to illness, vacations, etc. Please call our office within 24 hours of a scheduled appointment if you need to cancel or reschedule that appointment. This allows for clients to reschedule into additional openings therapists may have. For Monday morning appointments our office appreciates being notified no later than Friday noontime. This will allow other patients in need of care to be accommodated as we have a waiting list. It is both unfair to the other patients and therapists to not allow for others to schedule in the open time slots.

- ❖ If a session is more than 10 minutes delayed due to late arrival of the client, the parent(s)/guardian will be charged a \$10.00 late fee. ****Note: Insurance companies DO NOT reimburse for late fees; this is the responsibility of the parent(s)/guardian.**
_____ initials
- ❖ If a parent(s)/guardian is more than 5 minutes late to pick their child up, the parent(s)/guardian will be charged \$1 for every minute they are late. You will be charged \$6 on the 6th minute of being late. This is to ensure that parents are present so the therapist can collaborate with the parent(s)/guardian and other children's sessions start on time. ****Note: Insurance companies DO NOT reimburse for late fees; this is the responsibility of the parent(s)/guardian.**
_____ initials
- ❖ If a therapy session cancelled within 1 hour of the appointment time or is missed without any notice, this missed appointment is counted as a no-show which will result in a charge of a \$45.00 no show fee. ****Note: Insurance companies DO NOT reimburse for late fees; this is the responsibility of the parent(s)/guardian.**
_____ initials
- ❖ Two consecutive no-shows require your child to be placed on an on hold status until the issue of missed appointments is resolved. If a resolution is not made within 5 business days, your child will lose his/her therapy time and be placed on a waiting list.
_____ initials
- ❖ We require an 80% attendance rate and will need to take the patient off the therapist's schedule if it is not adhered to. **Note: We will be tracking visit numbers and as a courtesy, we will notify you when your percentage drops below the required 80%.**
_____ initials

We are happy to work out scheduling problems with you. Please let us know if you are experiencing a problem with your current schedule. If therapy needs to be canceled for a couple of weeks, such as an extended trip, we will hold your therapy spot for up to three weeks. We will then have to place you on the waiting list and will fit you back in the schedule as soon as we can. **I hereby understand the above cancellation policy and agree to abide by it.**

Parent or Legal Guardian Signature

Date

Revised 11/18/09