

## **Pediatric Cancellation Policy**

For pediatric appointments we block an hour of the Therapist time; we ask to **PLEASE** give us 24 hour notice before cancelling.

Please review and initial the following:

- A credit card **MUST** be kept on file \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_ Zip

Code: \_\_\_\_\_

- If appointment is **NOT** cancelled within 24 hours there will be a charge of \$85  
(exceptions in case of an emergency) \_\_\_\_\_
- Two (24 hour) cancels within a month there will be a charge of \$85 AND patient  
will be taken off schedule (or must speak with treating therapist) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Patient Appointment Reminders**

Please check the best method to contact you:

- \_\_\_ Voice Calls: Phone Number: \_\_\_\_\_
- \_\_\_ Text Message: Phone Number: \_\_\_\_\_
- \_\_\_ E-Mail: \_\_\_\_\_

**Please sign that we have permission to leave a voicemail / E-mail you regarding your appointment or other treatment matters.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_