



### **Attendance Policy**

Thank you for choosing Pediatric Feeding & Speech Solutions, PLLC. We want to provide the best possible services to all of our patients. We will do our best to schedule appointments that meet your needs. Regular attendance is important to your/your child's success. We ask that you follow the attendance policies outlined below:

**Cancellations:** Please call us at least 24 hours in advance to cancel your appointment. We reserve the right to charge a \$50.00 fee if you do not give us 24 hours notice. Insurance will not cover this fee.

**Missed Appointments:** If you cancel or do not attend 3 sessions in a row, we will put your services on hold until scheduling problems can be worked out.

**Late for Appointments:** If you are more than 15 minutes late for your appointment, we reserve the right to cancel the appointment and consider it a missed appointment (see policy for missed appointments above).

**No Show:** Please be considerate and call as soon as possible to cancel your appointment if you are unable to attend. We reserve the right to charge a \$75.00 fee if you do not show for your appointment or call in advance to cancel.

**Clinician Cancellations:** If your speech-language pathologist is not able to attend your appointment, you will be contacted as soon as possible. Please be sure that our office knows the best way to reach you. Every effort will be made to reschedule your appointment in a timely manner.

To cancel an appointment: email your therapist and/or call 703- 771-2200

**Returned Check Policy:** A fee of \$25 in addition to any associated bank fees that are assessed to Pediatric Feeding & Speech Solutions, PLLC as a result of a returned check for insufficient funds, will be assessed to your account. Payment of the existing charges as well as all assessed fees must be paid in full before therapy appointments will be resumed.

I agree to the attendance and returned check policies outlined above.

Patient's Name: \_\_\_\_\_

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