



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:

Late Cancellations and No Shows: Please call us at least 24 hours in advance to cancel your appointment. We reserve the right to charge a therapy session fee of \$135.00 fee if you do not give us 24 hours notice.

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).

To cancel an appointment: please email your therapist at kelly@pediatricfeedingandspeech.com

Returned Check Policy: A fee of \$35 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: _____