Amaryllis
THERAPY NETWORK

Attendance and Cancellation Policy

We want your child to achieve his or her greatest potential and receive maximum benefit from therapy. Regular attendance and follow through with home program activities are key factors for improving your child's skills.

We expect that your child will attend all scheduled appointments. In the event that you need to cancel, you are required to notify **Amaryllis' front desk** and give **24 hours' notice**. If your child has multiple therapies or you have more than one child attending therapy**, please be sure to cancel all appointments that will be missed.** If your child misses more than two (2) appointments in a two-month period, we reserve the right to take them off the regular therapy schedule, unless make-up sessions are scheduled.

Illness: Please contact the office as soon as possible. You will not be charged, but the cancellation will be counted as a missed visit. Please do not bring any child, sibling or adult to the clinic if they have had a fever, pink eye, lice, diarrhea and/or vomiting in the past 72 hours. If you or your child has a cold, it is alright to attend therapy if your child feels okay, **unless** there is a fever, hacking, persistent cough or green/yellow mucus.

Weather Cancellations The clinic will be closed if Denver Public Schools are closed. These cancelled appointments will not be counted towards your missed appointments.

Late-Cancellations Fees: With cancellations made with **less than 24 hours' notice**, we are unable to offer that appointment time to other patients. Patients who have cancellations two (2) or more times in a two-month period will be placed on a floating schedule. A fee of **$50 will be charged for appointments cancelled less than 24 hours before the time of the appointment.** This fee is not covered by insurance and is due within two weeks of the cancelled appointment.

No-Show Fees: Patients who do not show up for their appointment without a call to cancel the appointment will be considered a **NO-SHOW**. Patients who no-show two (2) or more times in a two-month period will be discharged from service. A fee of **$50 will be charged for missed / NO-SHOW appointments.** This fee is not covered by insurance and is due within two weeks of the missed appointment.

The late-cancellation and no-show fees are the sole responsibility of the patient and must be paid in full within two weeks of the missed appointment. We understand that unavoidable circumstances may cause you to cancel less than 24 hours in advance. Fees in this instance may be waived with approval from the director.

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I acknowledge that (***please initial***):

_____ I have read the above statements and agree to all the terms and conditions contained herein.

_____ I agree to pay all fees/charges associated with the late-cancellation or no-show of any scheduled appointment.

Our practice firmly believes that a good therapist/patient relationship is based upon understanding and good communication. If you have any questions, please call our office at 303.433.0852.

Child's Name:_____
(Please Print)

Parent/Guardian's Name:_____
(Please Print)

_____ _____
Parent/Guardian's Signature Date