



ATTENDANCE/CANCELLATION POLICY

Attendance and participation in therapy and compliance with home programs are essential for success. Therapy goals can only be targeted with consistent therapy attendance. Our intention is to reward families that give us priority by providing them the same.

While Bloom Pediatric Therapy understands that illness and emergencies occur, we respectfully request that you attend at least 80% of scheduled therapy appointments. Please check and sign below to acknowledge your understanding to each item.

- All cancellations must be submitted 24 hours prior to your scheduled appointment to avoid a NO SHOW/LATE CANCELLATION fee.
- A "NO SHOW"/LATE CANCELLATION will result in either a **\$45 fee** or patient being removed from weekly standing appointments depending on your payer source. Please ask for clarification if needed. The \$45 fee must be paid prior to your child's next appointment.
- 80% attendance rate per quarter is required to maintain your standing appointment time. Attendance below 80% will result in *Flex* scheduling, in which you will be required to call each week and schedule on a "week to week" basis
- Bloom Pediatric Therapy does NOT follow public school schedules for breaks, closings, or delays. A missed appointment without prior notice during these times will be considered a "no show" unless otherwise specified.
- If you decide to cancel therapy appointments in advance for extended periods of time (more than two consecutive weeks), your standing appointment time will NOT be held.

Please talk with the front office if you have extenuating circumstances that prevent you from complying with this policy

I, _____,
(name of parent/legal representative)

understand the attendance / cancellation policy and the risks of not adhering to it.

_____ Print Name of Child

_____ Signature of Parent or Legal
Representative

_____ Date

_____ Relationship to Child