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CANCELLATION POLICY

■ **NON-EMERGENCY: 24 HOURS NOTICE**

This includes vacations, pre-planned doctor's appointments, family events, parties, sports events, lack of baby sitter, etc. or anything that is not designated by emergency (See below). The session must be cancelled with a 24 hour notice. If cancellations become excessive for non-emergency purposes, then the client may lose his/her weekly slot in the therapy schedule book. If the session is not cancelled within a 24 hour notice, it will be billed at the full therapy rate and will not be made up. If your school pays for your session, this is not covered and the parent will have to pay the missed session fee.

■ **EMERGENCY: CANCEL BY 10 A.M.**

Emergency cancellations are due to illness, death in the family, or illness of a family member. These sessions must be cancelled by 10 a.m. on the day of the therapy slot. If your child does not go to school, you should call first thing in the morning to report the illness. It is understood that on some occasions children are sent home late in the day, if this happens on occasion beyond the family's control, you will not be billed. If your school pays for your session, this is not covered and the parent will have to pay the missed session fee. Please do not bring your child with a fever, strep, diarrhea, vomiting or any highly contagious illness. In general, if they are too sick for school, they are too sick for therapy. Please call before 10 a.m. to avoid a fee.

■ **INCLEMENT WEATHER: CANCEL BY 10 A.M.**

When a storm is expected or the roads are dangerous the office usually closes. It is understood that some clients may live far away and while the office may not be closed, you may choose to stay home with your child. In this case, you must follow the procedure for emergency cancellations and call by 10 a.m., or you will be billed.

PLEASE SIGN: THAT YOU FULLY UNDERSTAND AND ACCEPT THIS POLICY AND KNOW THAT IF YOU DO NOT FOLLOW THESE RULES, YOU WILL BE SUBJECT TO CANCELLATIONS FEES.

Patient's Name: _____

Signature: _____ Date: _____