



Children are not things to be molded BUT PEOPLE TO BE UNFOLDED

CANCELLATION POLICY

Patient Name: _____

ID #: _____

We aim to provide our patient's the uppermost level of care available in order to make best use of therapy. Consistent attendance establishes patient commitment and leads to better potential for patient development. With your help this can be achieved.

We are required by our payer sources to provide daily progress notes as part of the review process for authorization of payment for therapy sessions. All absences are noted and require a reason for the cancellation to be documented. Excused absences include patient illness with doctor's note or note from the parent indicating the reason for cancellation. Numerous absences or no shows may result in therapy sessions not being covered by insurance.

Effective Intervention Services will enforce the attendance policy for clients who do not show or fail to cancel a therapy session with at least 2 hours prior notice. In order to avoid being discharged from the therapy program your child will need to maintain an 85% attendance rate. Notification of vacations or family obligations are requested at least two weeks prior to the expected absence, to facilitate rescheduling appointment(s).

Cancellation = Patient has given 24 hours or more notice,

No Show = Patient has not given 24 hours notice or has not called to cancel

Rescheduling Appointments

Every attempt should be made to reschedule unattended therapy sessions. Reschedule sessions may occur with the patient's therapists or other therapists. If your therapist is ill or on vacation, the clinic will provide a substitute therapist to ensure continuation of services. The clinic will make every attempt to schedule the therapist at your scheduled appointment time. If this cannot occur, the clinic will provide an alternate time.

Saturday Appointments

Saturday were made available for those patients not able to make appointments during the week.

A patient will be removed from the Saturday schedule after (1) "no show".

Thank you for the opportunity to work with you and your child.

Signature of Patient or legal guardian

Date

Effective Intervention Services . Phone: 301.531.4267 www.effectiveinterventionservices.com