



Cancellation Policy

We here at “The Growing Place Pediatrics, PLLC” consider our time with you our top priority! Not only do we look forward to seeing you each week, but also understand that progress in therapy cannot be achieved without consistent attendance. Cancellations-especially last minute ones-along with tardiness and client no-shows, both affect your child’s growth towards his or her goals and decrease our ability to accommodate the scheduling needs of other families. Therefore, in order to best serve you, the therapist, and our other clients, we ask for your understanding and compliance with the following attendance policy:

Cancellations: If you are unable to make your scheduled appointment for any non-emergency reason (including, but not limited to, routine illness, car trouble, medical appointments, school activities, vacations, etc.), we require at least **24 hours notice** via email or phone call. We will then do our best to accommodate you in re-scheduling for a make-up appointment.

Late cancellations (under 24 hours before your scheduled appointment time) will result in the following:

1st late cancellation: \$25 charge which must be paid prior to your child’s next scheduled session.

2nd late cancellation: \$50 charge which must be paid prior to your child’s next scheduled session.

3rd late cancellation: Your future sessions will be cancelled, and your slot will be considered available for other clients. You may be request to be placed on the waiting list for another opening when it becomes available.

In the case of illness, many of our clients and families have histories of medical fragility which may make them more susceptible to serious complications from otherwise common illness. Consequently, to protect their health as well as that of your child and the therapist, we ask that you cancel (with no charge) and re-schedule your appointment if your child has experienced any of the following symptoms **within the 24 hours preceding your scheduled therapy time.**

- Illness symptoms within the last 24 hours
- Fever: temperature of 100° F or 38° C or greater within the last 24 hours
- Diarrhea: Five or more loose, watery stools within 24 hours
- Vomiting within the last 24 hours
- Sore throat or difficulty swallowing
- Rash or spots on skin; ringworm infection
- Severe itching
- Mouth sores
- Eye discharge
- Unusual nasal discharge
- Uncontrolled coughing
- Difficulty breathing, wheezing
- Wounds that are not properly covered

If overall cancellations (both timely and/or late) become excessive and cause attendance to fall below 80% over a two-month period, you will be removed from our schedule and your slot will be offered to other clients. You may request to be placed on the waiting list for our next available opening.

Emergency cancellations will not be charged a cancellation fee. The Growing Place Pediatrics, PLLC reserves the right, in it's sole discretion, to determine if the circumstances of a given cancellation constitute an emergency on a case-by-case basis.

Late Arrival/Tardiness: In order to support as many families as possible, the majority of our sessions are back to back with other clients. Consistent tardiness (either in dropping off or picking up from sessions) affects both your child's and other families' access to therapy. Subsequently, if you anticipate being late (i.e. more than 5 minutes past your scheduled start or end time), please contact your therapist. Repeated tardiness will result in the following:

1st-2nd Late arrival/pick up: Your therapist will reach out to you, and discuss the possibility of adjusting your therapy slot to a different day or time to better accommodate your schedule. You may choose to switch or to maintain your current slot.

3rd Late arrival/pick up: \$25 charge which must be paid prior to your child's next session.

4th Late arrival/pick up: Your reserved therapy slot will be offered to other clients, and you may request to be placed on our waiting list.

No Shows: If a session is missed without providing prior notice to the therapist and/or The Growing Place Pediatrics, PLLC office, it will be considered a no-show and will result in the following:

1st No-show: Full charge for the missed session, which must be paid completely prior to your child's next scheduled session in order to continue therapy.

2nd No-show: You will be charged fully for the missed session, and your therapy time will be offered to other clients. You may request to be placed at the bottom of our waiting list.

Acknowledgment of Receipt of Cancellation Policy

Please return this portion to our office.

I, _____, the parent and/or guardian of _____ acknowledge by signing below that I have received, read, understood, and agreed to the cancellation policy for The Growing Place Pediatrics, PLLC. I understand that I am personally responsible for any fees accrued due to my non-compliance with this policy.

Parent or Guardian's Signature: _____

Date: _____