



## Policies and Procedures

### Appointments:

Please arrive to the appointment 5 minutes early. In the event that you arrive late for your appointment, the appointment may be shortened due to time constraints. If you must cancel an appointment, please call the office immediately.

There is a 24-hour cancellation policy. **Please cancel appointments scheduled for the following day before 10pm the evening prior via email or phone. The full-service fee will be charged for no shows and last minute cancellations.** In the case of a child's illness, cancellations will be accepted before 8 am. This includes school visits. Please do not count on your child's school to notify Therapy & Learning Center of GA.

\_\_\_\_\_ ***I understand that TLC has a 24-hour cancellation policy. Appointments cancelled outside of 24 hours without a doctor's note will count as a late cancellation and I will be billed the full session fee which is the negotiated rate of my insurance company.***

If your child is seen at school, **notify the office of any days your child will be unable attend his or her appointment for ANY reason.** This includes, but is not limited to, the following: field trips, class parties, plays, concerts, field day, exams, or any other school sponsored activity or event. **Schools do not inform us of these days, if we are not notified, the missed appointment will be counted as a no show or late cancellation.**

**Patients are required to attend 75% of speech sessions.** In the event that attendance drops to 50% over 2 months, we reserve the right to forfeit your child's space. **After 3 no show appointments (no call, no email, no text) for any reason, we reserve the right to forfeit your child's space.**

\_\_\_\_\_ ***I understand that if I no show/late cancel 3 appoints in a row, TLC has the right to dismiss my child from services.***

\_\_\_\_\_ ***If my child's appointment is on a Monday I agree to cancel on the Friday before or this appt will count as a late cancellation.***

### Fees:

**Verification of insurance is not a guarantee of payment. In the event that your insurance does not pay for service, you will be responsible for the fee. It is your responsibility to let us know if your insurance changes.** If you do not let us know and we do not have authorization for treatment from the new company, they may not pay and you will receive a bill.

\_\_\_\_\_ ***I understand that TLC bills insurance as a courtesy, however; I am financially responsible for my child's therapy bill.***

A schedule of fees can be obtained from our website. For greater detail on our fees, please see our "Payment Policies and Client Financial Responsibility" page.

**Schools:** There is a \$10 travel fee when therapists see clients at school.

**Times:** As per the consent form, if you elect to a service time that is beyond what is covered in your insurance, you are voluntarily agreeing to pay for the extra time as per your insurance's adjusted rate.

By signing below, you signify you understand and will follow the above policies and procedures.

\_\_\_\_\_  
Print Client's Name

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date