

CARE VISIT CANCELLATION POLICY

We understand that there are times when you must cancel or miss a care visit due to emergencies or obligations for work or family. In our desire to be effective and fair to our care professionals and staff, the following policies are honored.

We require 14 days cancellation notice prior to your scheduled care visit date without charge.

We will charge you a cancellation fee as below.

- 10% of your total amount will be charged if you cancel or make any changes from 14 to 8 days prior to your scheduled care visit date.
- 30% of your total amount will be charged if you cancel or make any changes from 7 to 3 days prior to your scheduled care visit date.
- 50% of your total amount will be charged if you cancel or make any changes from 2 days prior to your scheduled care visit date.
- 70% of your total amount will be charged if you cancel or make any changes 1 day prior to your scheduled care visit date.
- 100% of your total amount will be charged if you cancel or make any changes on your scheduled care visit date or Not at home when care professional arrives.

Cancellations for holiday coverage must be in writing at least one (1) calendar month before the holiday or it will be assumed that the care recipient will be using our services during the holiday. We reserve the right to charge for a scheduled visit if insufficient notice is not given. We also reserve the right deduct the cancellation charge from the service deposit fee. If a referred caregiver fails to arrive at the care recipient's home, we will make every effort to find a replacement as quickly as possible. If a replacement is not found or if the caregiver alters the predetermined weekly schedule in some way, we will adjust the amount that you are billed accordingly.



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Garden City, NY 11530
Tel: 516-747-2600
516-373-1516 (24/7)
Fax 516-747-7444

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ACKNOWLEDGEMENT OF RECEIPT

(Office Copy)

Alliance Services for TBI, Inc. has provided me with a copy of the Cancellation policy.

My signature acknowledges my receipt of the Cancellation Policy.

Signature of Service Recipient

Date Signed

Print Name of Service Recipient