



ATTENDANCE POLICY - updated 4/15/2022

Our mission is to provide evidence based speech and language services to every patient we treat. After research and based on years of experience, it is evident to us that patients make the best progress when seen consistently. Cancellations interrupt the progress of therapy and reduce the effectiveness of treatment. For this reason, families are expected to make every effort possible to attend scheduled appointments. The following outlines our cancellation/rescheduling procedures. Please initial each line.

_____ **If I need to cancel I will call/text my therapist or the office ASAP.** Please give as much notice as possible if you need to cancel an appointment. We realize things happen last minute, but as soon as you are aware that you will need to miss an appointment, please notify us (even if after office hours).

_____ **If I cancel more than 1 time per month, I must reschedule a make-up visit that takes place within the following two weeks OR pay a \$50 cancellation fee*.** Regular attendance is necessary to make progress in therapy. When an appointment is rescheduled it is expected that I will attend that appointment in addition to my other scheduled appointments. Teletherapy is an option in most cases.

_____ **If I cancel an appointment for any reason within 48 hours, I must reschedule a make-up visit that takes place within the following two weeks OR pay a \$50 cancellation fee*.** When canceled with less than 48 hours notice, we are unable to fill that spot with another patient on the standby list.

_____ **If I do not show up for my appointment without canceling ahead of time, I must reschedule a make-up visit that takes place within the following two weeks AND pay a \$50 cancellation fee*.** As you may have guessed, communication is important to us. Just send a quick call or text.

_____ **Failure to reschedule/pay the fee as directed above will result in the loss of my set appointment time.** Should that happen I will be placed on a standby list and my appointments will be scheduled with any open therapist

_____ **If I am on a standby schedule there is no guarantee that I will see the same therapist** each visit or that a time slot will be available that works for my schedule.

_____ **If I am gone for more than two consecutive weeks, Redmond Speech cannot hold my time slot or customary therapist.** If you are out of town, teletherapy is an option in most cases.

_____ I understand that **my insurance will not pay for cancellation fees**, and if a cancellation fee is owed it must be paid **prior** to my next appointment. Payment links can be found at redmondspeech.com

***MEDICAID PATIENTS:** By law, we are prevented from charging attendance fees to medicaid patients. If your insurance provider is medicaid, you do not have the \$50 fee option. **Missed appointments must be rescheduled** and made up within two weeks. Failing this, you will be put on a standby list.

In signing this, I acknowledge that the above agreement and attendance policy was explained to me, and any questions regarding it have been answered. I also agree to follow the directions outlined in this policy.

Signature: _____

Patient Name: _____ Date: _____