



“Big Help for Little People”

298 Warfield Blvd, Ste C
Clarksville, TN 37043
(931) 906-0440
Fax (931) 920-5070

CANCELLATION / NO SHOW POLICY

****** Please read, initial, and sign below******

Therapy intervention is only as successful with consistent attendance. Therefore, it is very important that your child receive therapy on a consistent basis. Full Spectrum Pediatric Therapy's staff will work with you to ensure you receive consistent, timely therapy services. Due to our staff's full schedules and a waiting list for those desiring to start services, Full Spectrum Pediatric Therapy must implement the following cancellation/no show policy.

____1. If you must cancel an appointment, please contact Full Spectrum Pediatric Therapy **within 24 hours of scheduled appointment. If parent/guardian fails to contact Full Spectrum, it will be considered a “NO SHOW” and you will be responsible for a \$40.00 No Show FEE.** Please note: if your child is receiving more than one therapy (OT & PT) one the same day and you NO SHOW for both, you will be billed **\$40 for EACH therapy session.**

____2. If a **SECOND CONSECUTIVE NO SHOW occurs,** you will be notified in writing and your child will be **DISCHARGED from therapy and your child's physician will be notified. You will be charged an additional \$40.00 NO SHOW FEE.**

____3. If your child happens to be **MORE than 15 minutes LATE** for your scheduled appointment, please contact Full Spectrum Pediatric Therapy staff to let them know. **We MAY NOT be able to HOLD your child's appointment if you are late.**

____4. If your child has been discharged from therapy due to inconsistent attendance/NO SHOWS and you wish to resume therapy services, **ALL no show fees must be paid in full and your child will be placed on our waiting list for respective therapy. We cannot guarantee your child's original appointment day & time once we have removed them from the schedule.**

____5. If you cancel two consecutive scheduled appointments, you may be discharged from our services if a third cancellation occurs. ****Circumstances beyond your control, illnesses, emergencies, doctor appointments, etc. will not be considered cancellations. Please communicate with our staff for any unforeseen issues that may arise in order for us to work with you.**

I had read and understand Full Spectrum Pediatric Therapy's cancellation/no show policy.

Parent/Guardian Signature: _____

Date: _____