

Missed Visit Policy

At Southern Pediatric Therapy Clinic our goal is to help all children achieve their maximum benefit from therapy. Your therapist will provide you with a plan for care during the evaluation appointment and will inform you of the required number of visits to help you achieve your goals. Children who attend all of their therapy visits are 93% more likely to reach maximum benefit whereas those that miss even one visit have a lower potential for benefit. We are happy to share a copy of this study with you but want to make sure that you understand that it is extremely important that you attend all of your appointments. This policy ensures that all patients have the opportunity to receive the care they need.

Please read our policy and sign at the bottom indicating you understand our expectations and our policy.

- 1. As experts, we know that **your child will not achieve maximum benefit if you do not attend your appointments**. To help ensure you have the best chance of improvements, we will work with you to schedule out all of your appointments after your evaluation today and in order to have the best chance of improvements, you will need to attend each visit.
- 2. **Please note:** Our goal is to begin your treatment sessions on schedule. For all appointments after your evaluation, we expect that you will <u>arrive at least 5 minutes prior to your appointment time</u>, and ready to begin on time. This will allow our front office to handle their responsibilities and our specialists to provide the care your child needs and deserves.
- 3. If you're late for your appointment, you're missing the time that we have specifically scheduled for your child's care and we cannot guarantee that we will be able to provide you with your full treatment as we have reserved the appointment time following yours for someone else.
- 4. **If you're running late**, we need you to <u>call us immediately</u> so we can prepare for your late arrival and consult with your clinician. If you are more than 15 minutes late, your session may need to be rescheduled and, we reserve the right to charge our missed visit fee for the lost session. Chronically late patients will be asked to change their appointment times.
- 5. While we understand that illness can strike at any time, we still expect that you will work to provide at least a **24** hour notice if you cannot attend a scheduled appointment.
- 6. Providing care to all patients is extremely important to us and late notice of changes or cancellations will keep someone else from getting the care they need and deserve. If you need to cancel or change a scheduled appointment, for any reason, we require a 24 hour notice during business hours, so we have enough time to help another patient who needs to get in for the care they need and deserve.
- 7. When you call to cancel an appointment, have your schedule ready as we will reschedule you right away.
- 8. We reserve the right to charge a missed visit fee of \$50 if you do not provide at least a 24 hour notice of your appointment change or cancellation, and we will comply with payer policy in carrying it out.
- 9. To avoid our missed visit fee, we need you to call our office <u>during business hours</u> at least 24 hours in advance for any illness, appointment changes or cancellations.
- 10. Patients who have multiple same-day cancellations or no-shows, will be removed from the active schedule, and will be placed on the day-to-day list to avoid future missed visit charges. We will also notify your physician.
- 11. If you're worker's comp, we are required to notify your claims adjuster if you cancel or no-show for an appointment.

We look forward to working with you to meet your therapy goals. To avoid any issues with our policy, we only need the required notice, so we have enough time to help all patients to get in for the care they need and deserve.

Adam Robin, Owner		
This policy has been verbally reviewed	with me and by signing below I am indicating that	t I understand this policy.
Patient Signature	Patient Name	
Patient Signature	Patient Name	Date