**CANCELLATION – FINANCIAL POLICY**

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| Child’s Name: |  |

* Please call a **minimum of 24 hours in advance** to cancel an appointment. A **$10.00 fee** for cancellations received after 7:30 am is due before the next scheduled appointment.
* Please be a minimum of 5 minutes early to pick up your child. A late pickup fee is **$10.00 for the first 10 minutes plus $1.00 for each additional minute** is due before the next scheduled appointment.
* Late appointment arrivals of 10 or minutes will be charged a **$10.00 late fee** is due before the next scheduled appointment.
* If a child misses a scheduled appointment without prior notification this will be counted as a no-show. A **$20.00 no-show fee** is due prior to the next scheduled appointment. Your child will be place on hold for **two consecutive no-shows**. If the issue is not resolved within one week your child will be placed on the wait list or discharged.
* Your child will be placed on the wait list if **monthly attendance drops below 75%.** Exceptions are extended periods (under 3 weeks) with advanced notification, i.e. vacation, physician trips, or other approved extenuating circumstances.
* **You are responsible for all financial obligations** for services rendered (waiving your right to be held harmless) for all claims denied by your insurance carriers under conditions of uncovered benefits or services determined as not medically necessary. As a courtesy we bill your insurance carriers for you. We cannot guarantee timely payment from your insurance carriers. Your insurance is a contract between you, your employer, and your insurance carrier. We allow a 60 day period from your date of service to receive payment from your insurance carriers. **Any portion of the bill not received from your insurance carrier after 60 days is your responsibility.** Past due accounts incur a **10.0% finance charge** rate annually. Cash, checks, VISA, and Master Card are accepted. Returned checks incur a NSF **$25.00 fee.**

**I hereby understand the above financial/cancellation policy and agree to abide by it.**

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| **Parent/Legal Guardian Signature:** |  | **Date:** |  |