



## **Attendance Policy and Procedures**

Thank you for choosing Advantis Therapy, LLC. We want to provide the best possible services to all of our patients. We will do our best to schedule appointments that meet your needs. Regular attendance is important to your/your child's success. We ask that you follow the attendance policies outlined below:

1. **Cancellations:** We **require** at least **24** hours in advance for cancelling your appointment. It is the patient's responsibility, when he/she calls in, to have an alternative time in mind that will ensure they get in the full prescribed number of treatments that week whenever possible.
  - There is a **\$25** charge for cancellation without proper notice. Insurance will not cover this fee. The patient should understand that this charge will not be covered by insurance, but will have to be paid by them personally.
  - The client should understand that when they don't show, **three people are hurt**:
    1. The patient themselves because they don't get the treatment they need as prescribed by their doctor and/ or SLP.
    2. The therapist who now has a space in their schedule since the time was reserved for that patient.
    3. Another patient who could have been scheduled for treatment if there had been proper notice.
  - The patient should also understand that they may need to see a therapist other than the one who normally treats them if they do rearrange their appointment. All of our therapists are experienced professionals, and they will study the patient chart, so the patient will be in good hands. They will return to their original therapist in the next regularly scheduled visit.
  - The staff may exercise discretion in certain circumstances on a first time no-show or improper cancellation. If a patient who is normally punctual has some unforeseen problem, they may **choose** to overlook it the first time. However, a second such instance will be billed, and after a third or fourth such instance occurs, we have to question the patient's commitment to their program. Correspondence to their referring physician will be sent with explanation as to why we have not been able to obtain compliance.
2. **Missed Appointments:** If you cancel or do not attend **2** sessions in a row or do not have 75% attendance for the month, we will put your services on hold until scheduling problems can be worked out.
3. **Late for Appointments:** If you are more than **15** minutes late for your appointment, we reserve the right to cancel the appointment and consider it a missed appointment (see policy for missed appointments above). If you are late for **2** or more sessions, we may put your services on hold until scheduling problems can be worked out.
4. **Clinician Cancellations:** If your speech-language pathologist is not able to attend your appointment, you will be contacted as soon as possible. Please be sure that our office knows the best way to reach you. Every effort will be made to reschedule your appointment in a timely manner.

**Homework:** **Please complete given homework.** The assignments given will be brief but very important for overall progress. Reviewing assignments for 5-10 minutes each day will significantly improve progress and may shorten the duration of therapy needed to master set therapy goals.

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Billing: Your insurance will be billed after each therapy and/or evaluation session. If you have a copy or out of pocket fee, payment is due at the time of each session. No exceptions will be made. Copy payments or out of pocket fees can be paid via check, cash, and credit/debit cards. Please note a \$25 fee will be charged for returned checks.

Confidentiality: Current financial and release forms are completed prior to beginning therapy. If you decide you want me to speak with someone not on the list, please let me know and I'll have you sign a new Authorization release form.

Thanks for the opportunity to work with you and/or your child. Please contact me with any questions or concerns.

☐ I agree to the attendance policies outlined above.

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Print Patient's Name

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Date

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Patient/Guardian Signature

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Relationship to Patient