

LATE CANCELLATION AND NO CALL/NO SHOW POLICY



SPEECH THERAPY CENTER OF
EXCELLENCE

Patient Name _____

Speech Therapy Center of Excellence is devoted to the care and treatment of our patients. Our therapists create a unique and specific treatment plan for each of their patients. Preparation time is used to select specific tools and materials for individualized sessions. When a patient does not show for an appointment or give sufficient notice to cancel an appointment, the treatment plan is disrupted, and we lose the opportunity to accommodate an alternate patient. Please respect our therapists' time and efforts on your behalf.

TARDINESS

If a patient arrives 10 minutes late for the scheduled appointment, your therapist will see you for a shortened session. Should the arrival time be beyond 10 minutes late, the patient will not be seen. The appointment will be cancelled and rescheduled if possible. Excessive tardiness impacts productivity of planned sessions and may result in discharge.

LATE CANCELLATION

A cancellation is considered late when the notice is received within less than 24-hours of the scheduled appointment.

NO CALL/NO SHOW

A No Call/No Show is when the patient fails to attend a scheduled session without any notice to Speech Therapy Center of Excellence.

TERMS FOR DISCHARGE

If a patient accumulates excessive tardiness, late cancellations, or 3 No Call/No Shows, the patient will be removed from the schedule, and the referring physician will be notified. If removed from the schedule, the patient can be added to our Cancellation List if they want to continue services. If on the Cancellation List, it becomes the patient/parent/caregiver's responsibility to call the office to schedule a potential same-day appointment, if available.

If a patient demonstrates consistency of attendance while on the Cancellation List, then the opportunity for return to a permanent schedule may be offered.

ALL PARENTS MUST REMAIN IN THE OFFICE WHILE A CHILD IS BEING TREATED.

I have read and understand the above policies.

Signature_____ Date_____