

Therapy Links, Inc. Attendance Policy

The staff at Therapy Links is dedicated to providing each of our patients the time and attention they need in order to best achieve their therapy treatment goals. To better serve you and your family we have the following Attendance Policy. We ask that you please make every effort to keep your scheduled appointment. Appointments are in high demand, and we are making every effort to facilitate those in need of care.

The policy in effect as of June 1, 2013 is as follows:

If your child misses 50% of visits within a month he or she will automatically be placed on an "Appointment Call List" and his or her time slot will be open for a new patient to be evaluated. When on the call list the therapist can call you if she has a cancellation and offer you the appointment. Your child can remain on the call list until their treatment goals are met.

Cancellations: Please call our office at 210 614-4567 within 24 hours. There is an answering system and you can leave a message. Please be courteous and call so that we are able to offer another child an appointment and the therapist will not have a gap in her daily schedule.

If you do not call or show up for your scheduled appointment you will be charged a **\$25.00 no show fee**. This will not be covered by your insurance and this will go against your 50% attendance policy.

Tardiness: Please make every effort to arrive on time. The therapists want to provide the full allotted time of treatment to your child. Also, if you leave to run an errand during the visit please arrive 15 minutes prior to the end of the visit as the therapist will want to talk to you about the treatment session. This will not take time away from the next child on the schedule.

We ask that you please not bring your child to therapy if they are ill. Common signs of contagious disease are fever over 100.0 degrees, vomiting, diarrhea, pink eye (conjunctivitis), coughing, runny nose or unexplained rashes. We ask that your child be symptom free for at least 24 hours prior to returning to therapy.

Signature of Responsible Party

Relationship

Childs Name

Date

