

### **APPOINTMENT POLICY**

An appointment time will be scheduled for you/your child with the length and frequency based on the patient's individual needs. If you are late for an appointment or have to leave earlier than your scheduled appointment time ends, you will be billed for the full session.

You may wait in your car during the session but please do not leave the grounds.

Therapy and instruction sessions include direct treatment time and time at the end of each session for parent consultation.

A 45 minute therapy session will include 30-35 minutes of direct treatment and 5-10 minutes for parent consultation as needed.

We ask that you assist us in being considerate to the client scheduled after you.

### **ATTENDANCE POLICY**

Since we hold a session slot, you are essentially promising to fulfill that slot. We take careful attendance. If you exceed a cancellation rate 15% or greater you will receive a written warning notice that your slot is in jeopardy, especially if you do not schedule/attend make-up sessions. This includes emergency, non-emergency, and vacation cancellations.

When you schedule an appointment, you have "purchased" the therapist's time. No one else can then contract for that time. Therefore, appointments that are canceled or rescheduled with LESS than 24-hour notice will be charged a Late Cancellation fee of \$25.00.

Appointments that are "No-Show", meaning the patient did not come for a scheduled appointment and did not call in advance to cancel, will be charged a No-Show fee of \$50.00. If cancellations become excessive for non-emergency purposes, then the client may lose his/her preferred standing appointment time in the therapy schedule.

### **CANCELLATION POLICY**

In an emergency (illness, death in the family), we ask that you cancel as soon as you are able to avoid a Late Cancellation fee of \$25.00. Please make every attempt to reschedule missed sessions. If your therapist is able to schedule a make-up session for you, the fee for the missed session will be waived and you will be responsible for payment of the rescheduled session only. Each client is allowed one freebie in which they will not be charged for a late cancellation.

### **HOLIDAY WEEKS**

Therapy sessions scheduled during the week of Thanksgiving, Spring Break, 4th of July, and Winter Break do not follow the same cancellation policy. You must provide 72-hour notes for cancellation otherwise the above mentioned cancellation fee will apply.

Please note that we do NOT follow the school calendar regarding holidays and inclement weather. If your therapist is unable to provide therapy for your child due to the weather, they will contact you prior to your session. If you feel the weather is not conducive for you to travel in, please notify your therapist directly as soon as possible. If you have questions about your scheduled appointment, please contact the office directly to confirm and do not assume that your appointment has been canceled. Your appointment may be transitioned to teletherapy when appropriate.

## **OTHER THINGS TO KNOW**

Please do not bring your or your child to the office if they have a contagious virus/illness. This includes, but is not limited to: fever within the past 24 hours, diarrhea within the past 24 hours, vomiting within the past 24 hours, conjunctivitis (pink eye), strep throat, chicken pox, or COVID.

We are only affiliated with Blue Cross Blue Shield of Illinois PPO. This practice does bill insurance companies directly on your behalf. You are obliged to pay us for all services provided on your behalf, regardless of whether or not other services are covered by your policy with your insurance carrier, including your deductible. Your invoice will provide the necessary information for your insurance company. If additional information is required by your insurance provider, please have an insurance representative notify the office as soon as possible. Payment by check, credit card, or cash is expected at the time of service, or within 15 days of receiving a bill. If payment is delayed for more than two weeks, future sessions will not be provided until payment has been received. If a check is returned for insufficient funds, an additional fee of \$25 will be charged to your account. You are encouraged to contact your insurance so that you are informed on possible fees prior to the session/evaluation. You will be asked to keep a credit card on file. If a bill has not been paid within 15 days, the balance will be applied to your card on file.

If you are in need of re-evaluation reports, progress summaries or other extensive paperwork, you are asked to provide your therapist with 2 weeks notice to complete the necessary items for you. You will be billed at the hourly therapy rate for the write-ups (not to exceed 3 hours). You will not be billed for treatment goals (to be completed annually), daily progress notes, or a standard insurance letter for your child.

The waiting room is available for you and siblings while your child is in therapy. Siblings are not to be left unattended in the waiting room or bathroom areas. We also ask that you restrict children's whereabouts to the waiting room and bathroom area only and do not allow them to wander back to the therapy rooms as they may disrupt ongoing therapy. If the rooms are unoccupied, we ask that you keep your children out of them as there are equipment and other belongings that may be dangerous for your child to play with unattended. You may wait in your car as well, but please do not leave the premises.

For teletherapy, we ask that a parent or guardian be present throughout the session to assist with technological issues that may arise as well as for the parent consultation at the end of the session.

