Let's Talk
NATURALLY SPEAKING THERAPY

Speech-Language Pathology Services
78-900 Avenue 47, # 100 La Quinta, CA 92253
Ph 760-600-5811 | Fx 760–600-5814

ATTENDANCE & CANCELLATION POLICY

Consistent attendance is a condition of receiving speech therapy services. Missed appointments disrupt clinical progress and limit availability for other clients. By signing below, you agree to comply with the following attendance requirements.

Appointment Attendance: Clients are expected to attend all scheduled appointments. Repeated missed appointments may result in discharge from services. The first (1st) no-show appointment will be excused as a one-time courtesy.

Initials _____

Cancellations: All appointment cancellations must be made **at least twenty-four (24) hours in advance** of the scheduled appointment time. If office staff cannot be reached, the client or responsible party must leave a voicemail that includes client's full name, date of birth, appointment date and time, and return phone number **After the second (2nd) late cancellation** (less than 24 hours' notice), a **$35** late cancellation fee will be assessed per occurrence. These fees are not covered by insurance and must be paid in full no later than the next scheduled appointment in order for services to continue. See Waived Fees if you are a client with Medicaid or IEHP.

Initials _____

No Call / No Show: Failure to attend an appointment **without prior notice** will result in a **$55** no-show fee per occurrence. Fee conditions as stated above apply. See Waived Fees if you are a client with Medicaid or IEHP.

Initials _____

Emergencies are still subject to a late cancellation fee of $35. Fee conditions as stated above apply. See Waived Fees if you are a client with Medicaid or IEHP.

Initials _____

Late Arrivals: Clients arriving **more than fifteen (15) minutes late** will be considered a missed appointment and **will not be seen**. Late arrival fees may apply. See Waived Fees if you are a client with Medicaid or IEHP.

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Waived Fees: Clients with **Medicaid or IEHP** will not be charged late cancellation or no-show fees; however, attendance requirements and discharge policies **still apply**.

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Three-Strike Rule: A total of **three (3) late cancellations/late cancelled reschedules/ and/or no-shows within a ninety (90) day period** will result in **automatic discharge** from services and cancellation of all future appointments. Reinstatement is not guaranteed.

Initials _____

Acknowledgment

I acknowledge that I have read, understand, and agree to comply with the Attendance & Cancellation Policy. I understand that failure to adhere to this policy may result in fees, interruption of services, or discharge from care.

_____
Client Name

_____
Parent/Guardian Name

_____ _____
Parent/Guardian Signature Date