



Pediatric Feeding Institute

South Florida

CANCELLATION POLICY

We believe the success your child will achieve while enrolled in our feeding program begins with the consistency of treatment. Therefore, we are committed to doing our best to be here for your child on a consistent basis. If accepted into the Intensive Feeding Day Program, your child will receive 3 feeding therapy sessions and 1 occupational therapy session each day, Monday-Friday, for 8 consecutive weeks. If your child is recommended for outpatient therapy, he/she will attend therapy 1-5 days per week, with re-evaluation every 6 months. No matter which program is best suited for your child, his/her attendance and your participation are absolutely crucial to making positive, long-lasting outcomes. **Parent Please Initial:**

_____ Due to scheduling with the Intensive Feeding Day Program, consecutive missed sessions may not be able to be made-up, but we will do our best to accommodate families in cases of injury/illness with a doctor's note for 3+ consecutive days missed.

_____ We have adopted a standard 24-hour cancellation policy and we understand that life-events require you to miss periodic therapy sessions. Please contact us (**phone number**) to cancel any scheduled appointments you cannot make, at least 24 hours in advance, to avoid a cancellation fee for missed appointments. **Cancellation Fee Schedule:**

_____ The **first** cancellation with less than 24 hours notice prior to the missed appointment time will not be charged. We will make one exception for sudden illness or family emergency in a 3 month period.

_____ The **second** cancellation with less than 24 hours notice will be a charge of \$25

_____ The **Third** cancellation with less than 24 hours notice will be a charge of \$50.

_____ **Three** Cancellations with less than 24 hours notice in one month may result in you losing your reoccurring therapy appointment or spot in the intensive program.

_____ Cancellation charges **cannot** be billed to your insurance company and are your responsibility. Fees must be paid before the next treatment session

It is important to note that when you give us enough notice, we can offer your appointment to another child who needs to be treated. In the case where your therapist has to miss a therapy appointment, we will make every effort to make that session up another day or time that is convenient for your family

Child's Name: _____ **Parent's Name:** _____

Parent's Signature: _____ **Date** _____

