



1425 Village Square Blvd. Suite 3
Tallahassee, FL 32312
850-431-4445 (Phone)
850-431-6231 (Fax)

Attendance Policy: Pediatric Therapy Services

We are pleased that you have chosen to bring your child to Tallahassee Memorial Healthcare for pediatric rehabilitation services. In order to provide the best possible services for the many children we see, we would like you to understand our attendance policy. We will schedule your child's appointments according to your child's needs based on the recommendation of his or her therapist. Consistent attendance is vital for your child to make progress toward therapy goals.

- **REGULAR ATTENDANCE:** At least 75% attendance of your child's OT/PT/ST appointments is required, within a three (3) month period. If attendance falls below the required levels or you are chronically tardy, it may be necessary to decrease or discontinue services at our facility. We will make every effort to find a day and time that works best for you and your child to attend therapy.
- **CANCELLATIONS:** We understand that due to illness or other unexpected events it may be necessary for you to cancel a therapy appointment. Notice is expected prior to the appointment, and at least 24 hours' notice is requested. It is your responsibility to **notify/call the front desk (not the therapist)** as soon as possible if you need to cancel a therapy appointment and provide a reason for the cancellation. You can leave a message if you reach voicemail, but please leave a callback number. We appreciate two weeks' notice of vacation plans.
- **NO-SHOWS:** A no-show is defined as **no** notice given prior to appointment (No show/no call). We do understand there could be a circumstance when you are unable to make it your child's appointment. However, the missed appointment will count towards the documented no-show history. After the first no-show, the parent will be notified by phone with an explanation of our Appointment No Show Policy. After the second no-show in a 6-month time period, the parent will be notified of the patient's removal from the schedule. A patient will be allowed to schedule future appointments by calling in weekly, based on availability with their treating therapist only.
- **TARDINESS:** If you will be more than 10 minutes late, call the front desk to be sure your therapist can still see your child. Continued tardiness may result in cancellation of all future appointments. At that time, the parent will be given the option to call in and schedule appointments on a weekly basis. There will be no reduction/change in co-payment for abbreviated therapy sessions.
- **THERAPIST CANCELLATIONS:** Your child's therapist or front office staff will notify you as soon as possible if your appointment must be cancelled. Please check to ensure we have the correct home, cell, and office numbers. **It is your responsibility as a parent to update phone numbers and contact information with the front office staff.** Sessions cancelled by your therapist do not affect your attendance percentage.

We look forward to working with you and your child. Please feel free to contact us with any questions or concerns.

I have read and understand the above attendance policy.

Parent-Guardian Signature / Date / Time

Child's Name/Date of Birth

***PLEASE RETAIN A COPY OF THIS LETTER FOR YOUR FUTURE REFERENCE ***