

NOTICE OF PATIENT RESPONSIBILITY AND POLICY

Please read this in its entirety

- **Appointments are reserved times. We understand occasional circumstances make it difficult or impossible to keep a scheduled appointment. Occasional circumstances may also make it impossible to keep a scheduled appointment. On these occasions, we may need to reschedule the appointment(s). Also, if you are late for an appointment we may need to reschedule the appointment.**
- **You are responsible for notifying the office of any insurance changes. If you fail to do so, you will be responsible for all charges incurred.**
- **You are responsible for payment of any co-pay, deductibles and non-covered services.**
- **If you need to cancel an appointment, you MUST notify the office in advance of your appointment time. Failure to cancel will be considered a “NO SHOW”.**
- **Following three (3) consecutive “No Shows” all appointments may be removed from our schedules. Repeated cancellations are also grounds for removal from our schedules at the discretion of the provider.**

In addition to the above, the below information is applicable to the parent(s)/guardian of patients <18 years of age:

- **You are responsible for participating in your child’s treatment and complying with their treatment plan including carryover of home programs.**
- **You or a family delegate must be present during your child’s transitions into and out of our waiting room. This includes being here on time for the start of therapy and being present in the building no less than five (5) minutes before their session(s) end.**
- **Parents or a designated caregiver must call to schedule or change their child’s appointments. We will not make changes to the appointments without speaking directly to the parent or designated caregiver.**