



# Cancellation Policy

*Please be sure to read this policy carefully – it will impact your time at ABG. After you have read it, sign this form and bring a copy to your first appointment. Please save a copy of the form in your folder for reference.*

## **PLEASE NOTE:**

1. Consistent attendance in therapy sessions is directly related to rate of progress: *a client is likely to progress more quickly when they attend therapy regularly.*
2. ABG and your therapist have set aside time to work with you and/or your child. When you miss a session, you are directly impacting the financial viability of the practice and your therapist's ability to make a living.

For these reasons, *we ask that you make every effort to keep cancellations to a minimum.* In the event of a cancellation, please make every effort to reschedule. Please avoid scheduling other appointments during the appointment times that you have already committed to us.

## **A CLIENT MAY BE DISCHARGED**

- After 3 consecutive missed appointments
- If attendance falls below 80%

**Cancellations should please be made at least 24 hours in advance. A “no show” appointment fee of \$30 will be billed to the client for missed appointments or for cancellations made less than 4 hours before the appointment time. These fees will be your responsibility and cannot be billed to insurance.**

Exceptions to this policy can be made in the case of illness, emergency, and inclement weather (please be sure to see our policies regarding illness and closures due to weather). **In these cases, please give us as much advance notice as possible** by looking ahead on your schedule in order to resolve any upcoming schedule conflicts. You are welcome to leave detailed messages on voice mail at any time.

Please plan ahead for possible scheduling conflicts (vacations, school programs, etc.) and notify us as soon as possible. When we know about a cancellation in advance, we are able to utilize that time to see other clients, contact other professionals and caregivers, and complete progress reports and necessary paperwork. When we are unaware of a cancellation, we spend considerable time preparing for a client, waiting for them to arrive, and wondering what has happened to them. **Please also contact us if you will be late to an appointment but still plan on attending.**

**ABG Therapy & Wellness LLC** will give you as much notice as possible on the rare occasions when we must cancel a visit. We do our best to cover for therapists who are sick or on vacation.

We are **CLOSED** on the following holidays: New Year's Day, Memorial Day, 4<sup>th</sup> of July, Labor Day, Thanksgiving and the following Friday, December 24, 25, and 26, and New Year's Eve. We **ALSO CLOSE** for inclement weather when either Fort Collins or Loveland schools close.

We are **OPEN** on Martin Luther King Day, President's Day, Veteran's Day, Halloween, teacher workdays, and any other school closure days that have not been addressed above.

***I have read and agree to abide by the above policy.***

Client name: \_\_\_\_\_

Name of responsible party: \_\_\_\_\_

Signature of responsible party: \_\_\_\_\_

Date of signature: \_\_\_\_\_