

## "I Can" Pediatric Therapies, LLC

Occupational, Physical, and Speech Therapy

## "I Can" Pediatric Therapies, LLC Cancellation-Missed Appointment-No Show Policy

Client's Name	Date of Birth
to the children and families that we have the which we are successful in doing this is by good attendance to weekly therapy session	is. Good attendance to therapy will help et their therapy goals. Each therapist plans, therapy. Good attendance helps us as an or children and families. Thank you in
difficult for "I Can." To cancel an appoint members at 336.667.1555 at least 24 hours ensure that we receive your cancellation no	te cancellations and "No Shows" financially ment, please call our front office team is prior to your scheduled appointment to otice. If you call and our answering machine the voicemail. Please read and sign this form
Cancellation Policy:	
actual time of the appointment. It is our p appointments (late cancellations or "No Sh missed appointments, your child will loose back on our waiting list or exited from serv	nows") or after there has been a pattern of their weekly therapy time and will be placed vices. We will contact you prior to this does not reimburse for missed appointments
Parent/Guardian Signature	Date
"I Can" Team Member Signature	Date
- <b>Q</b>	