



POLICIES AND INFORMED CONSENT

Attendance Policy:

Carefirst KIDS' current attendance policy is 90% to help your child get the best results from treatment. To achieve 90% attendance, one cancellation per quarter is permitted.

Beginning January 7, 2021, patients will be given one cancellation per quarter. Any subsequent cancellations that are no shows or are not communicated at least 24 hours in advance, will be charged a twenty five dollar (\$25) fee; this will not be covered by your insurance company.

In the event that a 24 hour cancellation fee is required, the \$25 will be collected at your next appointment and we will be happy to resume your therapy sessions.

This fee will enable Carefirst Kids to continue to hold the therapy time slot that is reserved for your child.

Please understand that when you fail to cancel your therapy session with more than 24 hours notice, we miss the opportunity to fill that appointment time and better serve the needs of all patients. Thank you for being a valued customer of Carefirst KIDS as we institute this policy.

Behavioral Policy:

Physical, occupational and/or speech therapy may be discontinued when a patient demonstrates behavior that interferes with improvement or participation in treatment. Examples of such behaviors include but are not limited to, severe aggression towards others, self harm and/or destruction of property/belongings.

Financial Agreement:

Co-Payment is accepted via cash or credit prior to services being delivered. Payments not received the day of service will be expected at the following visit, in addition to the current day's payment. On the second consecutive session of no payment, therapy will be placed on hold until payments are up to date.



Consent to therapy:

I have agreed to a recommendation or requested that my child undergo an evaluation for physical, occupational, and /or speech therapy. I consent to diagnostic procedures and care provided by my clinician/s throughout the course of treatment.

I realize I have the right to refuse any treatments or procedures to the extent permitted by law. I acknowledge that no guarantees or warranties can be made to me regarding the results of any treatment.

I have read and fully understand the attendance policy, behavioral policy and financial agreement. I consent to physical, occupational and/or speech therapy. All of my questions have been answered to my satisfaction.

Patient Name: _____

Responsible Party Signature: _____

Date: _____

Witness: _____

Date: _____