



Dragonfly Pediatric Therapy, Inc.
13003 Camden Circle SE
Huntsville, Alabama 35803
Phone: 256-797-6001 Fax: 855-882-1648

Attendance Policy

Scheduled Appointments:

- Please arrive for each appointment in time to begin therapy at the scheduled time.
- A late fee of \$20 may be collected if you are 10 or more minutes late for your appointment. If there is a difficulty getting to your appointment, please let me know so I can recommend another time.
- If you leave during your child's session, please return at least 5-10 minutes prior to the end of the session to enable me to discuss your child's progress.

Cancellations:

- If you must cancel an appointment due to an illness or emergency, please try to contact me 24 hours before the scheduled appointment or a \$25 fee will be collected. I will try to reschedule your child's appointment if possible.
- Please let me know as far in advance as possible any visits that must be missed due to a doctor's appointment, vacation, etc.
- In the event of inclement weather, I will call you to reschedule if possible.

No Shows:

- Failure to cancel or to appear during an appointment is considered a no show. A \$25 fee will be charged.
- If two no shows occur, your child's appointment time will be automatically offered to another child waiting for services.

A Note from the Therapist:

Please make every effort to bring your child to his/her assigned appointments. When I establish a plan of care for your child, I base his/her goals on the child having consistency. If your child misses appointments, they will not meet their goals as quickly, and your child will have to be enrolled in therapy for a longer period of time. The success of my treatment session depends on consistency. In the event you have to cancel, every effort will be made to reschedule you child.

I have read the attendance policy and understand the attendance expectations for my child.

Signature: _____ Date: _____