



Cancellation Policy

If, for any reason, your child will be unable to make their scheduled appointment, a 24 hour notice must be given in order to avoid being charged a \$30 late fee for the session. (Please note that we **cannot** bill insurance for missed appointments so the responsibility of this payment is on the client). We understand that sudden illnesses, weather changes, and other emergencies arise. In this case, please call, text or email as soon as you know that your child will be unable to make their scheduled appointment. Missing an appointment without any prior notification (no show) for any reason, will be billed (at your insurance reimbursement rate) in full to the client.

This policy is in place out of respect for both the therapist and clients. By giving last minute notice or no notice, it prevents someone else from being able to schedule into that time slot.

We appreciate your understanding and effort in upholding our cancellation policy. By signing below, you are acknowledging that you have read and understand the cancellation policy for Seacoast Keystone Therapy, LLC as described above.

Thank you,

Seacoast Keystone Therapy, LLC

I understand and agree to comply with all standards set for by Seacoast Keystone Therapy, LLC. I certify, by my signature below, that I am agreeing to comply with the cancellation policy listed above.

Parent Signature:	Date:
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