## **Gresham Speech Therapy**

## PLEASE READ CAREFULLY

## Appointments/Cancellation Policy

Missed appointments mean another patient who was in need of our services could not be seen because time was reserved for you or your child. Please be considerate and conscious of this and reschedule appointments as necessary. 24 hours notice is required to cancel all appointments. Your account will be charged **<u>\$40.00</u>** for missed appointments and/or last minute cancellations. This fee will not be billed to your insurance and is responsibility of the patient. Exceptions will be made when weather makes it unsafe to travel and for emergencies.

## Please note that after two missed appointments, patients will be terminated from therapy.

I acknowledge I have read and understand the financial policies set forth above. I understand that delinquent accounts will be assigned to a credit reporting collection service.

Patient of Guardian/Parent

Date

Witness

Date