

Therapy Innovations



9621 Bitter Melon Dr. Angier, NC 27501 Phone: 919-275-9675 Fax: 919-400-4324
4140 Ramsey St. Suite 111 Fayetteville, NC 28311 Phone: 910-488-3700 Fax: 919-400-4324

Cancelation Policy

You and/or your loved one are very important to us, and so is your commitment to their therapy program. You and/or your loved one will not make the progress that they can make if there are not present for their therapy. If you are unable to keep your normal scheduled appointment, we need for you to contact us. If you fail to give 24 hour notice, or if you no-show for your appointment you will receive a written letter reminding you of your scheduled appointments. If you fail to give 24 hour notice, or if you no-show for your appointment **3 times**, you will be removed from your therapists schedule, and that time-slot will become available for another child. You will then have to call the office and schedule each session individually based on the therapist's availability.

Please remember that your loved one is very important to us and in order for them to get the most out of his/her therapy program, they must be there to receive the therapy. We must work as a team to best meet their needs.

I have read the above cancelation policy and I will adhere to the policy as it is stated above.

Patient/Legal Guardian Signature

Date