

# TOTAL POSS-ABILITIES, PLLC

Providing Pediatric Occupational Therapy

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## Cancellation Policy

Welcome to TOTAL POSS-ABILITIES! We appreciate the opportunity to be of service to you. TOTAL POSS-ABILITIES is dedicated to excellence in patient care. To maintain high standards, we believe that it is important that we communicate our policies to you. Please take a moment to read and become familiar with this policy. Should you have any questions, we are happy to help. By presenting this policy in advance, we can avoid any surprises or misunderstandings. We appreciate your time and your understanding.

TOTAL POSS-ABILITIES strives to provide the best therapy services possible. In order to ensure optimal use of valuable therapy time, please discuss schedule changes at the end of your appointment with your therapist/office manager. We understand occasional changes are necessary due to illness, vacations, etc. Please call our office at least 24 hours in advance if you need to cancel or reschedule your appointment. This will allow other families and patients from our waiting list to be accommodated. If you need to cancel your appointment, TOTAL POSS-ABILITIES will work with you to reschedule for another time that week.

\_\_\_\_\_initials If an appointment is cancelled **less than** 24 hours and NOT rescheduled, TOTAL POSS-ABILITIES reserves the right to charge a \$25.00 cancellation fee. This fee must be paid prior to your next therapy session. (If a doctor's note is provided for the date of service cancelled, the \$25.00 cancellation fee will be waived.) **NOTE:** *Insurance companies DO NOT reimburse for missed appointment fees; this is the responsibility of the parent(s)/guardian.*

\_\_\_\_\_initials If a therapy appointment is missed without notice, this is considered a no-show, which will result in charge of \$40.00. If you reschedule the missed appointment and attend, the \$40.00 no show fee will be waived. **NOTE:** *Insurance companies DO NOT reimburse for missed appointment fees; this is the responsibility of the parent(s)/guardian.*

\_\_\_\_\_initials Due to long patient waiting list for services, TOTAL POSS-ABILITIES must operate at a mandatory 80% attendance rate. If your attendance drops below 80%, you will be placed on a probationary period for one month. During the probationary period, the attendance policy must be adhered to or your child will be dismissed from the TOTAL POSS-ABILITIES schedule. We will track the visits and, as a courtesy, we will notify you when your percentage drops below 80%.

We are happy to work out scheduling difficulties with you. Please let us know if you are experiencing a problem with your current schedule. If therapy needs to be canceled for a couple of weeks, such as an extended trip, we will hold your therapy spot for up to three weeks. We will then have to place your child on the waiting list and will fit you back in the schedule as soon as possible. **By signing my name below, I hereby understand the above cancellation policy and agree to abide by it.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date