



# Cancellation and Payment Policy

## Cancellation Policy

We understand that illness and unforeseen circumstances come up for all families. We want to acknowledge this while simultaneously recognizing and valuing the time and effort of each therapist here at Laughing Giraffe Therapy.

***If you must cancel an appointment, please immediately contact your child's therapist directly.*** Please note that if your child may be contagious, we prefer that s/he stay home, rest and help prevent the spread of the illness.

We request 24-hours notice and ***require a minimum of 4 hours notice for all cancellations.*** With notice 4 hours prior to your child's appointment time, your therapist has an opportunity to attempt to reschedule the opening with another child in need or to restructure her/his day efficiently in other ways and you will not be billed for the session. ***If you are not able to provide a minimum of 4 hours notice, you will be charged the full rate for the missed session.***

Preventable scheduling conflicts will not be considered an appropriate reason for cancellation. When scheduling other appointments and therapies for your child, please keep in mind their regular sessions here at Laughing Giraffe Therapy and schedule around them accordingly.

## Payment Policy

We accept cash and checks only for payment. We do not have a merchant credit terminal and, therefore, cannot process credit or debit cards.

An invoice will be issued at the beginning of each month including an itemized list of all of your child's sessions from the previous month. Payment is due upon receipt of the invoice, so please make arrangements to submit cash or check payment by mail or in person at your child's next appointment or to have your bank issue a check. ***Payments made later than the 10<sup>th</sup> of each month will be considered late.***

Your child's assigned therapist is: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**I have read and understand the Cancellation and Payment Policy.**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_