



# 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 a suitable 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, checks, credit/debit cards for payment. There is an additional \$4.50 processing fee added to each session when using a credit/debit card. If you wish to use a credit/debit card to make payment, ***please initial here \_\_\_\_\_.***

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. 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.***

Laughing Giraffe Therapy employs a private pay model. This means that we are not in network with any insurance companies and we do not do any insurance billing. Your child's monthly invoice will have all of the necessary information for you to submit to your insurance company for out-of-network reimbursement consideration. ***It is the responsibility of the primary caregiver/s or insurance policy holder to work directly with the insurance company. Laughing Giraffe Therapy will not be a part of this process.***

We are happy to perform small tasks for you on behalf of your child, such as brief phone calls or emails, with no charge. Any similar tasks that require 15 minutes or more will be billed in 15 minute increments at the normal hourly rate.

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

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

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

***Please use email for advanced scheduling needs and questions.***

***Please use phone/text for same day scheduling issues or cancellations.***

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

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

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

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