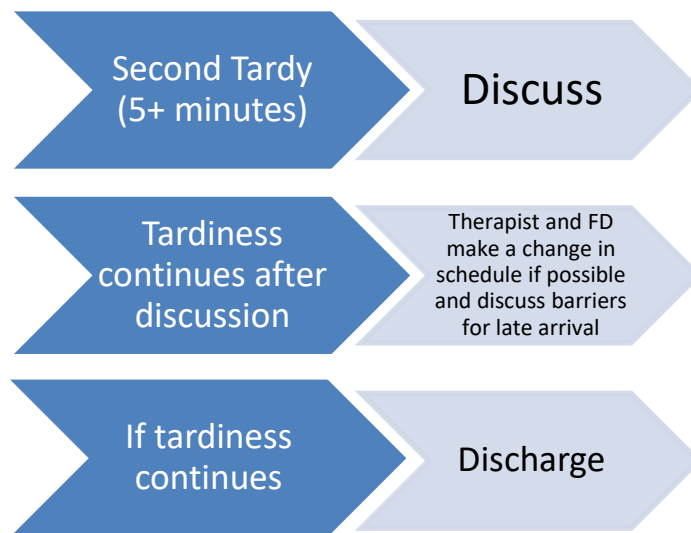


UNIFIED THERAPY SERVICES PEDIATRIC PATIENT ATTENDANCE/TARDINESS POLICY

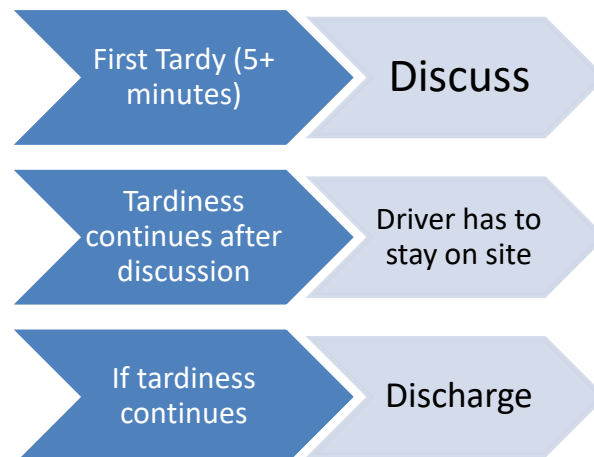
I understand that it is my responsibility to have _____ attend all scheduled therapy appointments or *cancellations and reschedules must be done at least 2 hours in advance*. Messages may be left after hours and will be received the next business day.

- I understand that if the above-named does not attend the scheduled appointment and if the staff of UTS must call, this will be considered a No Call/No Show (NC/NS) visit. **This will result in a \$10 charge.** Initial
- I understand there may be extended excused absences related to hospitalizations, surgery, injuries, illness, intense therapy programs, or extended vacations.
- I understand that the above-named patient may see a different therapist from time to time.
- I understand any exception will be at the discretion of Unified Therapy Services.
- **Children under the age of 10 will need to wait with an adult until contact with their therapist has been made.**
- **If you are more than 25 minutes late to pick up your child without communication, the police will be called.**
- **If discharged more than 2x within the same calendar year due to attendance patient will not be able to return for 1 year from discharge date per Unified Therapy Staff discretion.**
- **If your attendance falls under any of these categories, you may be subject to weekly scheduling vs. block booking.**

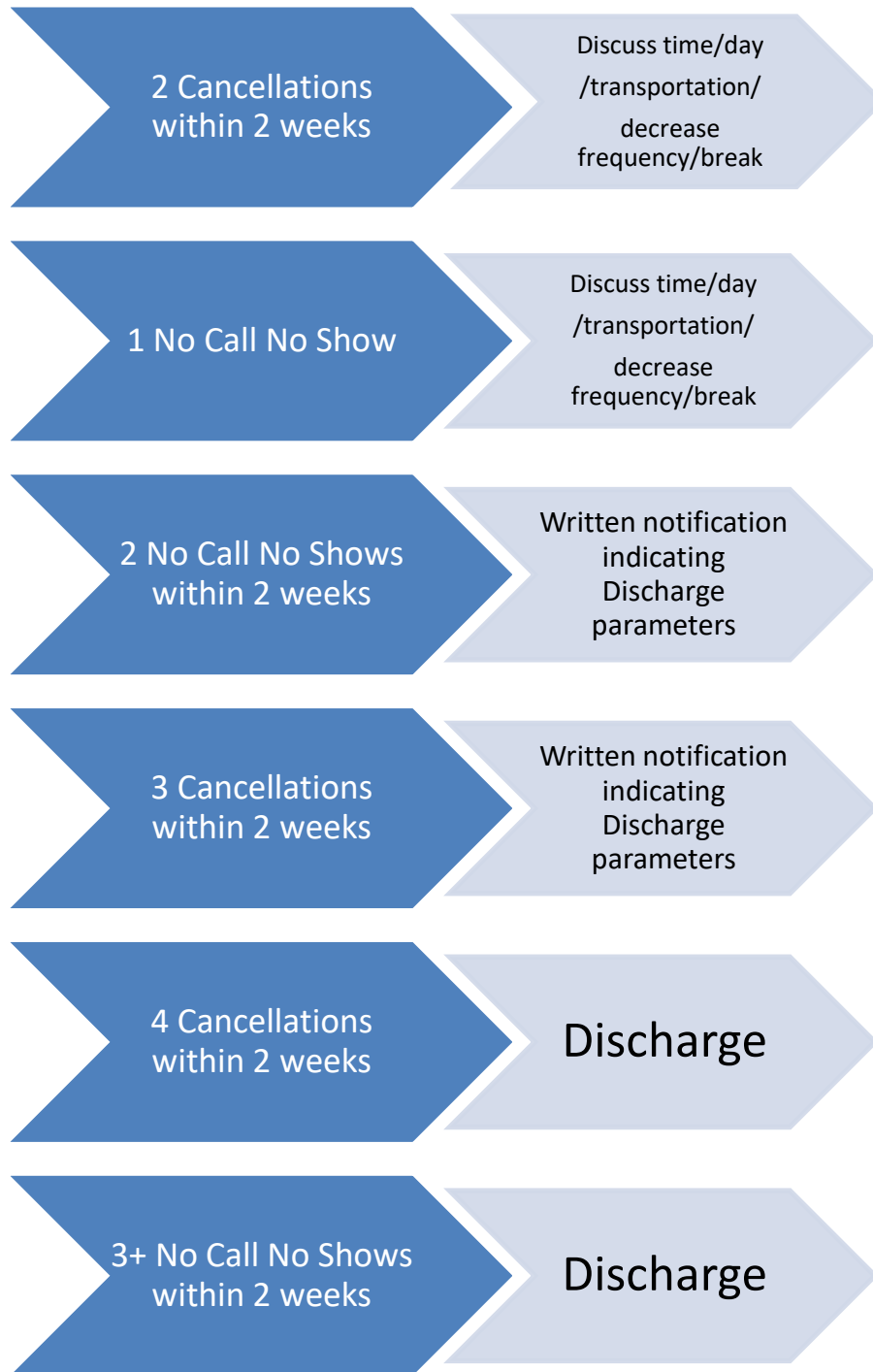
ARRIVAL TARDINESS-All Patients



DEPARTURE TARDINESS-For those unable to sit independently in the waiting room



ATTENDANCE POLICY GUIDELINES



I have read & understand the above-mentioned Attendance Policy _____ (Signature)