



P.A.L.S.

1370 Frelsburg Rd, Alletyon TX 78935
Phone: 979-733-4870, Fax: 979-732-6465
palsotclinic@yahoo.com

OFFICE POLICIES

Client Name: _____ DOB: _____

I UNDERSAND:

- That infants and toddlers may need to be accompanied during the session by parent until they are comfortable with the therapist; all other individuals are asked to wait in the waiting room during treatment sessions.
- It is my responsibility to wait with my child in the waiting room until the session begins and for monitoring my child's play in the waiting room.
- This clinic prefers I wait during the session so that I am available for consultation when needed, assistance for rest rooming, or in case of emergency.
- If for any reason I leave my child during the treatment session, I am responsible for notifying the therapist and providing a contact number along with my destination in the event of an emergency. I am also responsible for returning for my child within 5 minutes BEFORE the session ends.
- If a third party will pick up my child from P.A.L.S. it is my obligation to notify the therapist of the individual's name and relationship prior to the treatment session.
- My child should come to P.A.L.S. prepared to "play". Patients should wear clothing that is comfortable and suitable for the therapy in which they participate. Shoes will be removed in the therapy building, and socks are required.
- Sick children do not belong at therapy. The Sick policy is posted in the clinic waiting area in regards to symptoms.

DATE: _____ SIGNATURE: _____



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TARDINESS, NO SHOW, SICK & CANCELLATION POLICY:

In order to provide quality therapy for your child in a timely manner the following policy is enforced.

- If a patient is more than 15 minutes late to the scheduled appointment, the appointment will be automatically cancelled. You may request to reschedule the visit for another appointment time if there is an available opening.
- If your child is a no show, or cancellation (without 24 hours' notice) the clinic reserves the right to charge a \$75.00 fee. This fee is direct pay, and are not billable to your insurance company. In case of state or federal insurance programs we may notify the office of the OIG (Office of Inspector General), along with your referring physician. The OIG is responsible for detecting and identifying events of fraud, waste, and abuse, and helps to insure accountability and responsibility of the use of resources. This report would be filed under "waste". Waste is the careless or inefficient use of public resources. Missed appointments can lead to long term health care costs.
- **THREE (3) NO SHOWS RESULTS IN AN IMMEDIATE DISCONTINUATION OF SERVICES.**
- An excused missed visit includes:
 - 24 hour or more notice of cancellation prior to the scheduled appointment.
 - Notice from doctor, school, etc. stating the reason for the missed visit with date and time.
 - We request that those children who have had a fever (within the past 24 hours) or any type of stomach or viral symptoms do not come to therapy. Please see our office bulletin board for symptoms if you have questions. Frequent "sick calls will be reviewed, and may be obligated to the cancellation policy/fee at the therapist discretion.

All absences are documented. Missing therapy is a direct correlation to not meeting the goals on the Plan of Care, and can affect insurance re-authorization.

DATE: _____ SIGNATURE: _____