

Clear Speech & Languagé

www.ClearSpeech.org | Direct: (949) 233-2181 / (909) 367-6747 ¡Se Habla Español!

## APPOINTMENT CANCELLATION POLICY

In order to be considerate and cognizant of other clients and families, Clear Speech and Language requires a minimum of 24 hours notice for cancellation of all appointments. For all appointments cancelled with less than 24 hours notice, or for all missed appointments, your credit card on file will be charged half the amount of your appointment fee. This fee cannot be billed to your private insurance and is the responsibility of the client, parent, or guardian. Exceptions to this cancellation policy will be made in the cases of weather advisories, emergencies, or illnesses with a present fever within the incubation period and/or before prescription of required antibiotic medication. Therapy services will be terminated after three cancelled and/or missed appointments.

Clien	t Name:	
DOB	:/	
Cano		n given an opportunity to read a copy of the Appointment understand that any questions regarding the Notice or my 81.
Print	Name	
Signa	ature	Date
Adult/Guardian Signature		Date
Adult	:/Guardian Relationship to Child	
For C	Office Use Only:	
	Refusal of acknowledgment receipt	
	Copy given to client	
	Signed version filed in chart	
Vanessa Cisneros M.S., CCC-SLP		Date

Heather Elam B.A., SLPA