



Dysphagia-Voice-Therapeutics PLLC
Phone: (910) 217-1862
Fax: (910) 668-1340
Email: tamralowry@dysphagiavoice.com

Attendance / Cancellation Policy

Attendance and participation in therapy along with complete compliance with any associated home programs, are essential for therapeutic success.

While Dysphagia & Voice Therapeutics PLLC understands that illnesses and emergencies occur, we respectfully request that you avoid frequent cancellations or “no shows”. Please adhere to our following policy regarding providing our office with advance notification for any cancellations resulting from a conflicting appointment, vacation, obligations for work or family, or any other event.

All cancellations must be submitted 24 hours prior to your scheduled appointment.

A fee of \$25 may be assessed if the following occurs. This fee will be billed directly to the client and not their health insurance company, as medical insurance does not provide coverage for missed sessions.

- If cancellations are made less than the required 24 hours.
- If the client fails to show up for a scheduled appointment.

Additionally, if you arrive late for a scheduled appointment, the session will still end at the scheduled time or may be cancelled.

If you fail to appear for an appointment (no show) without providing the appropriate advance notification for 3 or more appointments the office will reserve the right to cancel all pending appointments and to no longer offer services to you as a client.

I, _____, understand the attendance / cancellation policy and the risks of not adhering to it.

Print Name of Client

Date



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Signature of Client or Legal Representative

Relationship to Client

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