



kids therapy made simple

Financial & Office Policies

Westside Regional Center and Frank D. Lanterman Regional Center

Kids Therapy Made Simple appreciates the confidence you have shown in choosing us to provide for your child’s needs. The service you have elected to participate in implies a financial responsibility on your part. While the Westside Regional Center or Frank D. Lanterman Regional Center is financially responsible for payment of services rendered, your financial responsibility obligates you to ensure participation in your services. It is our policy to make definite financial agreements with you before any treatment starts. This Financial & Office Policies document is an agreement between Kids Therapy Made Simple and the parent, guardian or other responsible party of the child. Your understanding of this document is important to our professional relationship.

Credit Card on File:

I understand that Kids Therapy Made Simple requires all parents to provide credit card information to be securely stored within the office. I will further review this policy on the Credit Card Consent Form I will sign when I put my card information on file. I understand that my child will not receive treatment without this information.

_____initial

Cancellations & Late Arrivals:

Kids Therapy Made Simple has a 24 hour Cancellation Policy. Missed appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for you. It is both unfair to other patients and therapists to not allow for others to schedule in the open time slots. Please call our office at least 24 hours prior to your next scheduled appointment if you need to cancel. All cancellations must be made with the front office. Cancellations will not be accepted through your child’s therapist.

Should a cancellation take place within 24 hours of the scheduled appointment, you will be responsible for a **Late Cancellation Fee** of \$75.00. Note: The Westside Regional Center & the Frank D. Lanterman Regional Center **DO NOT** reimburse for Late Cancellation Fees, this is the sole responsibility of the parent/guardian.

_____initial

I understand that my child may lose their weekly scheduled appointment time if more than 3 unexcused cancellations occur within 1 month. I also understand that my Regional Center Service Coordinator will be notified of this occurrence.

_____initial

Consistent participation in therapy sessions allows for routine practice as well as faster progress toward therapy goals. Arriving on time to your scheduled appointment allows for your child to participate for the full length of their treatment session.

I agree to have my child arrive to all appointments on time and understand that if we are more than 15 minutes late without calling, my child will not be seen for treatment and that a **Late Cancellation Fee** will be incurred on my child’s account. Note: The Westside Regional Center & the Frank D. Lanterman Regional Center **DO NOT** reimburse for Late Cancellation Fees, this is the sole responsibility of the parent/guardian.

_____initial

No Shows:

Clients who do not keep their appointments deprive others of an opportunity to see their therapist. Kids Therapy Made Simple requires 24 hour notice for canceling any appointments. Kids Therapy Made Simple reserves the right to charge a **No Show Fee** in the amount of \$75.00 if your child does not attend their scheduled session without prior notification. I understand that I will be charged a **No Show Fee** if I do not show up for a scheduled appointment. Note: The Westside Regional Center & the Frank D. Lanterman Regional Center **DO NOT** reimburse for Late Cancellation Fees, this is the sole responsibility of the parent/guardian.

_____ initial

I understand that my child will lose their weekly scheduled appointment time if 3 appointments are missed without prior notification. I also understand that my Regional Center Service Coordinator will be notified of this occurrence.

_____ initial

My signature below signifies that I have read, understand and agree to abide by the terms of Kids Therapy Made Simple's Financial & Office Policies in order to provide my child Occupational Therapy, Physical Therapy and/or Speech-Language Therapy.

Print Name of
Parent/Legal Guardian

Signature of
Parent/Legal Guardian

Date

Child's Name

Relationship to Child

