

## **Amber Hill Pediatric Therapy Services, LLC** **Physical and Occupational Therapy** **Scheduling, Cancellation, and Payment Policies**

Since 2005 Amber Hill Physical Therapy has been proudly serving the pediatric community of Frederick County and the surrounding area. Our physical and occupational therapists are dedicated to providing the best possible programs and services to help your child achieve maximum improvements.

Our staff of highly trained therapists is working hard to help your child. We care about providing quality service to the children with which we work. We understand that people get sick and it's not always possible to give notice. However, the earlier you can inform us of the cancellation, the sooner we can fill that appointment with another child's make-up session or someone on our waiting list. We usually have a rather significant waiting list of children who can benefit from our services.

### **Scheduling Policy**

Appointments may be scheduled 4 to 8 weeks in advance. We ask that you check your schedule prior to making your appointments to prevent cancellations. If you have a vacation or other prior obligation, you have the option not to schedule for that date in advance. If you are unable to attend one of the appointments that you have scheduled, we require at least 24 hours notice to avoid a cancellation fee.

Please present your scheduling card to the front desk staff to ensure your child is scheduled in their designated appointment.

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Signature – parent or responsible party

Date

### **Cancellation Policy**

Any cancellation of an appointment made within **24 hours** of the appointment time will be subject to a \$35 cancellation fee. Monday appointments should be canceled prior to 7:00 a.m. on Monday morning to avoid this fee. Cancellations may be left on the pediatric voicemail prior to 7:00 a.m., or emailed, if necessary. The only exception to this policy will be a true emergency such as hospitalization or a death in the family. If you must cancel, please contact **Christina at (240) 529-0175**. In the event no one is available, be sure to leave a message. The voicemail will be checked several times each day.

If you reschedule and keep an appointment in the same week, you will not be charged a cancellation fee.

If you cancel more than one time in a 30-day period, your preferred appointment time will no longer be guaranteed. This applies to cancellations for any reason. More than one canceled appointment within a 30-day period, not within a calendar month, will put your preferred time slot in jeopardy and it can be given to someone else. Please

remember that when you cancel, you are not adhering to the treatment plan set by your therapist.

Each patient will be given 2 cancellation free passes to be used during the calendar year. Our office will track the passes internally. You will not be required to keep or produce paper copies of the passes. If your child is sick and you need to cancel, please notify us at the time you cancel that you would like to use your pass and the cancellation fee will be waived. If your child is sick, you may also bring us a doctor's note and we will waive any cancellation fee that was charged. This does not apply to no show/no call appointments.

**Weather conditions:** AHPT does NOT follow the inclement weather schedule of the surrounding school districts. If we close our office [early](#) or [your therapist cancels](#) due to weather conditions, [you will be contacted by our office](#). If [a decision is made to close the office for the entire day due to inclement weather](#), it will be announced on 103.1 FM and 106.9 FM [and posted on our website](#). Otherwise, our office will be open. We would never want anyone to travel when they are not comfortable with the weather and road conditions. Cancellation fees may be waived by AHPT due to inclement weather, but you must call our office to cancel prior to the appointment time. A no show fee of \$50 will be charged for appointments missed with no notification.

**No Show/No Call:** If you do not call **(240) 529-0175** to cancel, a *no show/no call* fee of \$50 will be assessed. Additionally, if you do not call to cancel, it is still your responsibility to make sure that your appointments are scheduled. Appointments will not be automatically placed on the schedule.

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Signature – Parent or Responsible Party

Date

**Insurance Authorization:** If an appointment must be cancelled because of lack of insurance authorization, no fees will be charged. If insurance authorization cannot be obtained in a timely manner, we reserve the right to fill your time slot with another child.

### **Co-Pays and Co-Insurance Payments**

Co-pays and co-insurance balances must be paid at the time of each appointment. If your child's appointment is held in the Frederick office, you must go to Suite 6 to make a payment. We accept all forms of payment including all major credit cards. We do understand that there could be a situation where parents may need to set up a budget payment. Please contact **Jessica Reed at 301-473-5945** to discuss budget payment options. All patient balances over 60 days from the date of transfer to patient responsibility will be charged interest at the rate of 10% annually. We reserve the right to discontinue treatment if no attempt to resolve past due balances is made.

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Signature – parent or responsible party

Date