

## Cancellation Policy

Cancellations must be provided in 24 hours prior to scheduled session day. All cancelled sessions are to be rescheduled into an open slot later in the week. If the family chooses not to schedule into an open time or if cancellation notification is not reported within 24 hours the undersigned will be responsible for a cancellation fee of \$25 per incident. If there are no open slots there will not be opportunity to reschedule. If there are greater than 3 incidents per 6 month period, the undersigned will be removed from their current therapy time and placed on a waiting list for the next available time. If the situation continues, the next three offences will be billed at \$50 per incident and so on and so fourth. More than 9 incidents per year will result in dismissal from services. Enforcement of policy is at the sole discretion of S.M.I.L.E.S. administration in that certain circumstances may be excluded from repercussions. Thank you all for your cooperation and understanding in this matter.

\_\_\_\_\_  
Caregiver name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date