



3350 W. Salt Creek Lane, Suite 115
Arlington Heights, IL 60005
224-248-9449 Fax: 847-394-9505

CANCELLATION POLICY

If for any reason your child will be unable to make their scheduled appointment time, a 24 hour notice must be given in order to avoid being charged in full for the session. (Please note: We cannot bill insurance for a missed appointment, so responsibility of the full payment is on the client.) We understand that sudden illnesses or emergencies arise, but please call us as soon as you know your child will be unable to make their session due to illness. Missing a session without any prior notification (no show) for any reason will be billed to the client in full. We ask that no more than three (3) cancellations occur every quarter throughout the year. The quarters will be as follows:

January - March

April - June

July - September

October - December

If three (3) or more cancellations or skipped sessions occur in a given quarter, we reserve the right to schedule another family into that time slot. Sessions begin promptly at the agreed upon time. If the child is late for the session, the session will still finish at the scheduled time.

This policy is in place out of respect for our therapists and clients. By giving last minute notice or no notice, it prevents someone else from being able to schedule into that time slot.

We appreciate your understanding and efforts in upholding our Cancellation Policy.

By signing below, you acknowledge that you have read and understand the Cancellation Policy for Step Forward Therapy Inc., as described above.

Thank you,
Step Forward Therapy Inc.

Printed Name

Parent/Guardian Signature

Date