



Cancellation and Missed Appointment Policies

Patient Name

Guardian's Name

Consistent Attendance

At the Center for Autism & Neurodevelopmental Disorders, we strive for excellence in the care and treatment provided for our families. The schedule provided for your child was recommended in order to achieve the best results and monitor progress. In order to meet the clinical goals, it is important that the recommended schedule be maintained. Any interruption in the process can impact progress. For ongoing therapy sessions, if you feel you cannot consistently make the appointments, you may want to defer therapy until your schedule permits the necessary time commitment.

Cancelled and Missed Appointments

Your scheduled appointment time is held especially for you, so **we require at least 24 hours advance notice to cancel. If we do not receive 24 hours advance notice, your regular session fee may be charged.** In addition, **all no-show appointments may be charged.** Insurance companies generally do not reimburse for missed sessions. You will be responsible for the bill at the time of the next appointment. If a make-up appointment can be accommodated within two weeks for the missed or cancelled appointments, no charge will be incurred for the rescheduled time. Please note that not all clinician schedules can accommodate additional appointments, but we will make every possible effort.

We understand that children become ill and cannot attend their appointments. When this occurs, we ask that you notify the office immediately. In turn, we will notify you immediately if the clinician becomes ill and cannot attend. Appointments cancelled due to illness will not be charged, unless excessive cancellations occur.

Cancellations and no-showed appointments are considered to be excessive if more than 3 missed appointments occur. If cancellations and no-showed appointments become excessive, you will be placed on a waiting list until such time that a new appointment time is available and you are able to make the commitment to attend.

Families may encounter extenuating circumstances or hardships. In these situations, exceptions may need to be made. This determination will be made on a case-by-case basis by the Administrative Director.

I have read and understand the above policies.

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Patient Name: _____

Signature of Responsible Party: _____

Date: _____