



(845) 360-9323

2002 Route 17M Goshen, NY 10924

Cancellation Policy Speech Therapy

We request 24 hours' notice for cancellations. It is important to realize that the success of therapy depends upon attending therapy sessions and carryover of therapeutic activities.

In addition, certain times are very busy, and availability of our providers are limited. A cancellation without 24 hours' notice does not allow our office to schedule another patient into your session slot.

Cancellations made prior to this window are rescheduled without penalty.

Cancellations or "No Shows" will incur a \$50 fee.

Emergencies will be discussed on a case-by-case basis between the patient and the office staff as to waive the \$50.00 fee.

Patient signature _____

Date ____/____/____