

ATTENDANCE AGREEMENT

Client Name: _____ Birthdate: _____

Welcome to Pediatric Therapy Services, Inc. (PTS). Beginning a therapy program is a big step and a real commitment. Our entire staff is committed to providing you and your family professional therapy services.

A commitment of consistent attendance and a diligent effort will be needed to make our partnership a success.

We feel so strongly that consistent attendance is important to the success of the therapy program. We have developed specific procedures to clarify our expectation of you. We ask you to follow the procedures listed below so that our services can be provided in the most effective way possible.

I understand and agree to the following related to attendance of my therapy sessions:

- ◆ I understand that consistent attendance of scheduled therapy sessions is critical to improvement and progress.
- ◆ I believe that attending therapy sessions is a commitment I am ready to make.
- ◆ I understand that if the commitment becomes difficult for me to meet, I can discuss the problem with my therapist(s) and we can work toward a solution.

If you cannot consistently attend your therapy sessions, you will be removed from the schedule. You will be given the opportunity to reschedule at a time/day that may make it easier for you to attend if schedule permits.

I agree to abide by these procedures:

1. I will notify PTS as far in advance as possible when needing to cancel a therapy appointment. Absence without notification will be considered a "No Show."
2. "No Shows" for a scheduled appointment, will result in being removed from the schedule until PTS receives a phone call requesting an appointment. A \$25 "No Show" charge may apply.

Signed: _____ Date: _____

Relationship to patient: _____

This agreement is valid and ongoing until client is discharged from
Pediatric Therapy Services, Inc.

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