



Policies

Payment Policy

Lemon Tree of Dayton LLC is private pay clinic. Payment for each session is due in full the day of the appointment. Lemon Tree of Dayton accepts personal checks, cash, or vouchers from the Department of Developmental Disabilities/Help Me Grow. Any returned personal checks will result in a \$25.00 return check fee.

_____ Initials

Attendance Policy - Frequent Cancellations and No-Shows

Lemon Tree of Dayton LLC is devoted to the care and treatment of our patients. Our therapists create a unique and specific treatment plan for each of their patients. Preparation time is used to select specific tools and materials for individualized sessions. When a patient does not show for an appointment or give sufficient notice to cancel an appointment, the treatment plan is disrupted and we lose the opportunity to accommodate an alternate patient. Please respect our therapists' time and efforts on your behalf.

To avoid a fee, all notice of cancellations must be given within 24 hours prior to the appointment time. An appointment that is missed without notification will be charged a \$50 no show fee. If you need to cancel a session due to an illness or emergency with less than 24 hours notice, you may be charged the cost of the session, however, each therapist may decide to charge on a case by case basis.

_____ Initials

Wait List

In an effort to best serve our community, we reserve the right to create a "wait-list" that will be utilized for filling available therapy slots. Children will be placed on the wait list for one of the following reasons:

- lack of viable schedule options, especially after initial evaluation
- failure to comply with attendance policy
- lapse in payment
- long-term medical contraindications (surgery, illness, etc,)

_____ Initials

By signing below, you acknowledge receipt of the policies as listed above. You further acknowledge that you have read, understand, and accept each policy in its entirety, and have indicated so by initialing above. You acknowledge that you have retained the policies in the Policies section for your records. This Policy Form will become part of your client record.

_____/_____/_____
 Signature Date
 _____ (Relationship to Client)