



Bizzy Bees Therapy at The Ability Institute
Patient Attendance Policy - 2026

Due to the significant amount of late and same-day cancellations impacting our clinical care and sustainability, our organization has had to make a few changes to our Attendance Policy. Please be advised that these policy changes were made with a great deal of thought, intention, and research within the industry. We are more than happy to answer any questions or discuss any concerns that are pertinent to your child's care. We request your patience during this time of transition and welcome any/all respectful feedback.

Here at BBTAI, your scheduled slots are reserved specifically for your child's plan of care. Unlike a physician's office, we only reserve one child per time slot to ensure timely and coordinated delivery of care. The only exception to this rule is intentionally scheduled group services. We believe that consistency and teamwork are an integral part of creating the best clinical outcomes for our children. Pediatric therapy is a commitment between our organization and the families we serve. Therefore, consistent attendance is required. Additionally, there is such a significant demand for services in our community, that an extensive waitlist has accumulated. A late cancellation or missed visit leaves a hole in the therapists' day that could have been filled by another patient. Therefore, we have updated our Attendance Policy as follows:

- If you need to cancel your child's therapy appointment, please ensure that this is completed with **at least 48 hours notice** so that children on the waitlist can have an opportunity to receive service. This communication must be done via phone (401-228-2186) or email (info@bzbeestherapy.com) with the administrative team. *Notification of cancellations via clinician is not authorized.*
- Cancellations that occur with **less than 48 hours notice** will be subjected to a fee equivalent to **50% of the total amount for services** per insurance contract or private pay contract for that day. *Parents will be provided with an option to elect for a telehealth appointment if it is applicable for the child's care. In this case, the fee will be waived*
- Cancellations that occur on the **same day** will be subject to a fee equivalent to **75% of the total amount for services** per insurance contract or private pay contract for that day. *Again, parents will be provided with an option to elect for a telehealth appointment if it is applicable for the child's care. In this case, the fee will be waived.*
- If you **do not show up** for your session without any notice, you will be subjected to a fee equivalent to **100% of the total amount for services** per insurance contract or private pay contract for that day **and risk losing your slot in our schedule.**
- **Evaluation cancellations within 48 hours will be subjected to a fee equivalent to 100% of the total amount** per the insurance contract or private pay contract.

If you are able to reschedule your child's sessions within 7 calendar days, these fees will be waived. However, we cannot guarantee that a slot will be available due to the scheduling of other children.

We recognize that emergencies do occur and illness does happen. Therefore, **your child will receive one free cancellation per quarter without any fee being assessed.** Only extraordinary circumstances will be considered at the Director's discretion.



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Therefore, upon signature of this policy:

- I understand if I have two or more cancellations (without emergency) or no-shows, I may forfeit my spot at Bizzy Bees Therapy and all additional programming.
- I understand If I am 15 minutes or later, I will need to reschedule my appointment.
- After 3 late visits I will be charged the equivalent of 100% of the service provided.
- I understand that if I cancel with less than 48 hours notice, I will be charged the fees detailed above.
- I understand that all communication regarding cancellations must be made with the administrative team and **not** my child's provider.

Name of Parent/Guardian: _____

Signature Parent/Guardian: _____

Date: _____