

Maureen Brady OTR/L

Financial and Attendance Agreement

Contract for Services

Re: (Individual Receiving Service) _____ Date of Birth: _____

I understand that Maureen Brady OT is a non-contract provider with all insurance plans, and that payment is due at the time of service.

Cancellation, No-Show and Late Arrival Policy

I understand that, except for illness or emergency, I am required to notify the practice a minimum of 24 hours prior to my appointment that I need to cancel. If I do not provide a 24-hour notice, then I will be charged \$75.00 for any missed or cancelled appointments.

I understand that if I am a No-Show for the appointment (no notice given) there will be a \$75.00 fee.

I understand that late arrival may reduce the time of the therapy session and that I will be responsible for the entire scheduled fee of \$150.

I have read, understand and accept the terms of the above Financial and Attendance Agreement including the Late Cancellation, No-Show and Late Arrival Policy. If incurred, I agree to pay these fees.

Parent/Guardian Signature

Date

Printed Name of Parent/Guardian