



Upstate Pediatric Speech Therapy Services, Inc.  
310 New Neely Ferry Rd. Mauldin, SC 29662  
Office 438-0990 Fax 478-8383  
www.pedspeechtherapy.com

## ATTENDANCE POLICY

TO: All patients/families regarding attendance

RE: Statement of understanding about attendance  
Updated 2016

Dear Parent:

In efforts to protect our time/waiting list, we are asking that you inform us of any missed visit 24 hours prior to the appointment. We understand that circumstances do arise which do cause cancellations on occasion.

We will allow two missed visits without 24 hours notice every 6 months. If a missed visit occurs on the third appointment in a six month period, your account will be charged a \$30 fee.

Thank you for your understanding of this policy and compliancy. Please sign below indicating your awareness and understanding of this policy.

Sincerely,

Shannon Williamson, Ph.D., CCC-SLP  
Speech-Language Pathologist/Director  
Upstate Pediatric Speech Therapy Services, Inc.

I am aware of the attendance policy. If I fail to notify the practice of the cancellation 24 hrs prior to the visit, I will be charged a \$30 fee on the third missed appointment.

\_\_\_\_\_  
Parent Signature  
Name of Child/Patient: \_\_\_\_\_