

Skills 2 Talk Speech Pathology ABN: 5019 8393 404

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## Appointment Cancellation Policy

It is the aim of Skills 2 Talk Speech Pathology to provide both an effective and efficient service to all of our clients. This requires us to be punctual and use our clinical time effectively. To achieve this aim, we have an appointment cancellation policy in place. Please be mindful that these appointment timeslots are specifically assigned to clients and may not be rebooked at short notice.

## Cancelling an appointment

If you need to cancel or reschedule an appointment with Skills 2 Talk Speech Pathology, please provide the clinic with at least 24 hours notice before your appointment.

If an appointment is cancelled or rescheduled within 24 hours of the appointment, you will be required to pay half of the appointment charge<sup>1</sup>. If an appointment is missed and no notification is given to Skills 2 Talk Speech Pathology, you will be required to pay the full fee for the appointment<sup>2</sup>.

It is important to note that insurance companies do not provide reimbursements for cancelled sessions; therefore you will be responsible for the cost of the session. In addition, you are responsible for coming to your session on time. If you are late, your appointment will still need to end on time.

## Terms and Conditions

- 1. This fee is waived if a child is unwell and unable to attend their appointment.
- 2. This fee is waived if both parties agree that the reason behind the missed appointment is out of the client's control.

Please note: Clients who are claiming through Medicare or a Private Health Fund for their appointments are still required to pay a cancellation fee. This fee will not be rebated through Medicare or a Private Health Fund and you are required to pay this out of your own funds.

## DECLARATION

I understand that I am required to provide Skills 2 Talk Speech Pathology with at least 24 hours notice prior to my appointment that I will be unable to attend. If I miss, cancel or reschedule my appointment with less than 24 hours notice I am aware that I may incur a cancellation fee.

(Signature 1)

(Signature 2)

(Date)

(Date)