

Cancellation and No Show Policy

When you don't show as scheduled, three people are hurt: You, because you don't get the treatment you need as prescribed by the Doctor and/or Physical Therapist; the Therapist who now has space in their schedule since the time was reserved for you personally; and the other patient who could have been scheduled for their treatment if you had given proper notice.

We understand that situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel your appointment, you provide a 24 hour notice.

Patients who do not show up for their scheduled appointment or do not cancel within 24 hours of their scheduled appointment may be subject to a \$25 cancellation/no show fee. This fee must be paid in full before you are seen again in the office. This fee is not billed to your insurance.

We understand that special unavoidable circumstances may occur. Fees in this instance may be waived at our discretion.

We appreciate your consideration and look forward to working with you.

Patient Name (please print) _____

Patient/Guardian Signature _____

Date _____