

Whitebridge Pulmonary Care

Service Cancellation & Refund Policy

1. Purpose

This document outlines the policies and procedures for cancellations and refunds for services provided by Whitebridge Pulmonary Care. These policies ensure clarity and fairness for all patients receiving in-home respiratory therapy services.

2. Cancellation Policy

Patients are required to provide a minimum of 24 hours' notice to cancel or reschedule an appointment. Cancellations made less than 24 hours in advance may be subject to a cancellation fee of \$50.

3. No-Show Policy

If a patient fails to be present for their scheduled appointment without prior notice, a no-show fee of \$75 will be applied. Repeated no-shows may lead to discharge from Whitebridge Pulmonary Care services.

4. Refund Policy

Refunds are only applicable when services were not rendered due to provider-related issues. Refunds must be requested in writing within 7 business days of the missed appointment. Refunds will be processed within 10 business days after approval.

5. Insurance & Payment Disclaimer

Whitebridge Pulmonary Care does not guarantee reimbursement from insurance. Patients are responsible for confirming coverage with their insurance providers. All payments must be made according to the terms outlined in the Service Agreement.

6. Acknowledgement

By signing below, I acknowledge that I have read, understood, and agree to the Service Cancellation & Refund Policy of Whitebridge Pulmonary Care.

Patient Name: _____

Patient Signature: _____

Date: _____