



## ***Cancellation/No-Show Policy***

**\*Please Read\***

- \* Please provide our office 24-hour notice to change or cancel an appointment. Patients who do not attend a scheduled appointment or do not provide 24-hour notice to change a scheduled appointment may be responsible for a \$50.00 office visit charge. The charge cannot be billed to insurance and must be paid on or before the next scheduled appointment.**
  
- \* We reserve your one-hour appointment time just for you! We do not double book our patients, so we are able to provide optimum treatment outcomes. 24-hour notice allows us to place another patient in your cancelled appointment time.**
  
- \* After missing one appointment, without notice, you will only be allowed to schedule one appointment at a time.**

**Thank you for providing our office and our patients with this courtesy.**

**\*Signing below indicates you understand and agree to the terms of this policy. You will be responsible for a \$50.00 charge if you do not show up for an appointment or do not provide 24-hour notice.\***

\_\_\_\_\_  
Patient Signature or Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physical Therapist Signature

\_\_\_\_\_  
Date