

**NOTICE**  
**CANCELLATION/NO SHOW POLICY**

**We feel that it is important that we provide one-on-one care to our patients from a qualified therapist. The majority of clinics often schedule patient's visits in groups or with physical therapy technicians and do not offer more than about 5 minutes "hands-on" care.**

**In order for us to continue our quality service, it is essential that 24-hours notice be given so that we can offer this session to someone else in need of therapy.**

- A **24-hour** cancellation notice will be required for all scheduled therapy sessions.
- We understand that emergency situations arise occasionally and naturally the fee will be waived. We would appreciate a phone call as soon as possible to reschedule the appointment.
- A charge of **\$90** will be incurred for the following:
  - **Failure to show-up for a scheduled appointment.**
  - **Failure to give 24-hour notice prior to canceling an appointment.**
- This fee will have to be paid in cash at your next scheduled appointment. If you will not be returning to therapy, an invoice will be mailed to you for payment. **You** are responsible for this fee; we can't bill anyone else for it.
- If you do not show up for your appointment and we do not hear from you before your next scheduled appointment, we will have to remove you from any future appointments. Please call before returning.

Thank you for your business and your cooperation in this matter.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office Staff Witness