



LATE CANCELLATION AND NO-SHOW POLICY

If you need to cancel or reschedule a scheduled appointment, please provide cancellation notice of at least 24 hours before your appointment. **Appointments canceled with less than 24 hours notice will be charged a late cancellation fee of \$70.**

Courtesy Cancellation: From the date signed below on this form we offer a one-time Courtesy Cancellation to all patients, this means your first cancel will only be \$25, the next cancel after that will go up to the standard rate of \$70.

Special Notice Regarding Monday Appointments: *Please read below*

Monday Appointments must be canceled or rescheduled by the **end of our business day on Friday (4:30 pm)** in order to avoid the cancellation fee. We do not have staff in the office on Saturday and Sunday. If you attempt to make contact with our office on Saturday or Sunday we will not receive the correspondence until Monday morning. The mode of correspondence does not make a difference in this scenario, unfortunately.

Our model of high-quality, one-on-one treatment provided by a physical therapist requires that we enforce our cancellation policy. Once you have booked an appointment with us, it means that we have reserved that time in our Physical Therapists schedule for a one-on-one appointment with you. Providing less than 24 hours notice does not allow us to offer your appointment to another patient, which impacts our business and patient care of others.

Alternatives We Offer to Avoid Cancellation Fee :

- **Convert your appointment to telehealth!**
- **Move to a different time!**

*If we have a different appointment time that day, you may move to a different time. If we do not have the availability, this will be considered a late cancel.

**We realize in the scenario of having to close a clinic for safety reasons, a sick staff member, or a general emergency may result in having to cancel your appointment. In these scenarios there will be no charge whatsoever to the patient. We will offer these patients first choice of our upcoming appointments to facilitate the cancellation due to unforeseen circumstances.*

Patient Signature: _____

Patient Printed Name: _____

Date: _____