



### **Cancellation Policy**

It is imperative that there be a consistency of treatment, as outlined by your physical therapist and physician in order for your therapy to be of benefit and to achieve a successful outcome.

**Effective January 1, 2016, a \$50 fee will be assessed for all missed visits unless you provide us with 24 hour notification that you will be unable to keep your appointment.**

Please be advised that your health insurance will not reimburse you for this fee.

**In order for therapy to be both successful and beneficial, consistency must be achieved. Therefore, after the 3<sup>rd</sup> missed visit (with or without notice) you will be discharged from care.**

I have read and do understand that I will be personally responsible for the \$50 fee if I miss an appointment without giving 24 hour notice.

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

**Date** \_\_\_\_\_