



**ATTENDANCE/CANCELLATION POLICY**

A scheduled appointment **MUST BE CANCELLED AT LEAST 24 HOURS IN ADVANCE** or a cancellation fee\* may be charged for that appointment.

PATIENTS that cancel a scheduled appointment less than 24 hours in advance will be charged a \$50.00 CANCELLATION FEE\*. THE PATIENT IS RESPONSIBLE FOR THE CANCELLATION FEE\*, NOT THE INSURANCE COMPANY OR THIRD PARTY PAYOR. Please note that a cancellation fee will not be charged if the missed appointment is rescheduled within a week of the tardiness, absence or late cancellation and another appointment was not previously scheduled.

All cancellations and absences will be documented in your medical record and reported to your physician and insurance company or third party payor.

Repeated failure to comply with this policy will result in your appointments being scheduled based on availability, which may require you to call for an appointment on the day you would like to receive therapy.

Policy exempt in event of unforeseen circumstance, at provider's discretion.

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**Patient/Guardian Signature**

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**Date**