



CANCELLATION AND NO-SHOW POLICY:

Patient Responsibilities:

- If you are unable to keep your appointment, we expect you to call and cancel or reschedule that appointment.
- **You may be charged a \$50 no-show fee if you fail to come to a scheduled appointment without calling prior to the scheduled appointment time to cancel or reschedule.**
- You are expected to arrive for your appointment on time. If you arrive more than 10 minutes late, Contact Physical Therapy reserves the right to reschedule your appointment. The no-show fee will NOT be charged to you in this instance.
- If you Cancel and/or "No Show" for 3 or more appointments in a row, you will be required to be seen by your referring physician before continuing physical therapy.

By signing here, I understand and agree to Contact Physical Therapy's cancellation and no-show policy.

Patient Name - Printed

Patient (or Parent) Signature

Date