



Cancellation Policy Form

Dear Respected Patient:

Successful rehabilitation depends on your commitment, attendance and diligent efforts. Failure to attend scheduled appointments creates the risk of not fulfilling your rehabilitation goals. The physical therapy staff is committed to accommodating your scheduling needs. In return, we expect 24 hours notice prior to canceling or rescheduling an appointment. This allows us time to accommodate a patient who may be waiting to be seen. In order to keep a proper patient flow that works for our patients as well as our clinic, we have implemented a cancellation policy.

We have established a cancellation fee for those who have repeatedly cancelled or failed to show for appointments without notifying this office 24 hours in advance. There will be a cancellation fee of \$60 for failure to notify us of your inability to attend your scheduled session with proper notice. It is recognized by management that on occasion, patients may need to cancel, but it is hoped that this will be a rare event and not a repeated one. It is, therefore, our policy that no such fee will be assessed for the first time this occurs. The policy has been established for repeated cancellations where no notice or insufficient notice is provided so that we may assign that time to someone who may need it.

Only the Director of Clinical Services has the authority to waive cancellation fees based on extraordinary circumstances. A copy of our cancellation policy is available at the clinic.

Thank you for understanding our desire to have all of our patients scheduled at the times they require and for expecting our patients who have a conflict to provide sufficient notice.

Sincerely,

Therese A. Rodda, PT

Therese A. Rodda, PT
Director of Clinical Services

Patient Acknowledgement

I have read the cancellation policy and acknowledge that I may be held responsible to pay a cancellation fee of \$60 for failure to keep an appointment without giving 24 hours notice.

Patient Signature _____ Date _____