



CANCELLATION POLICY

To provide timely access to care for all patients and to maintain an efficient clinical schedule, we ask that any appointment cancellation or rescheduling request be made at least 24 hours in advance of the scheduled appointment time.

Appointments canceled with less than 24 hours' notice, or missed without prior notification, may be subject to a \$25 late cancellation/no-show fee. This fee is the patient's responsibility and is not billable to insurance.

Repeated late cancellations and missed appointments may interfere with the effectiveness of your treatment plan and limit appointment availability for other patients. Accordingly, three (3) late cancellations and/or no-show appointments during a course of care may result in:

- Discharge from your current plan of care at the discretion of the treating physical therapist.
- Cancellation of all future scheduled appointments.
- Requirement to obtain a new referral or physician order, if applicable, prior to resuming care.

Exceptions may be made for unforeseen emergencies or extenuating circumstances at the discretion of the practice.

By signing below, I acknowledge that I have read, understand, and agree to comply with this Appointment Cancellation Policy.

I, _____, agree to this cancellation policy and its penalties.

Patient or Authorized Representative (Print / Signature)

Date

Joshua Stallings, DPT

Date

☐ I was offered a copy of this form and refused.