

# **CANCELLATION and NO SHOW POLICY**

**We require 24 hours notice in the event of a cancellation. It is the patient's responsibility, when you call in, to have an alternative time in mind that will ensure you get the full prescribed number of treatments that week whenever possible.**

**Information about cancels: When you cancel or no show three people are hurt:**

- **Themselves because they don't get the treatment they need as prescribed by the doctor and/or our staff,**
- **The therapist who now has a "hole" in their schedule since the time was reserved for that patient personally,**
- **And another patient who could have been scheduled for treatment if there had been proper notice.**

**If you CANCEL without proper notice or NO SHOW a \$25.00 fee will apply.**

**L&I Patients: Your claims manager will be notified.**

**Note: After three cancels or no shows your therapy services may be discontinued.**

I am aware there is a 24-hour cancellation policy. If I CANCEL without notice or NO SHOW a \$25.00 fee will apply. If I have an L&I claim, my claims manager WILL BE notified.

Patient Signature: \_\_\_\_\_ Date \_\_\_\_\_