

CANCELLATION & NO-SHOW POLICY FORM

Dear Patients,

We would like to take a moment to thank you for choosing **ALL Therapy** for your physical therapy needs. We have a great team of healthcare professionals and administrative staff that are ready to serve you in your rehabilitative journey. We truly appreciate our patients and are committed to providing quality care to each of our patients. In order to accommodate all of our patients equally, we ask that each of our patients adhere to the following appointment policies:

1. Please arrive on time for your scheduled appointment.
2. If you are more than fifteen (15) minutes late for your appointment time, we may need to reschedule or reduce your standard sixty (60) minute therapy session, as to not disrupt or delay other patient sessions.
3. **We require a minimum 24 hour notice for all appointment cancellations.** If an emergency occurs after our normal business office hours, please leave a message on the answering service, enabling us to follow up to reschedule your appointment.
4. There's a \$25 cancellation/no show fee for all appointments that are not **rescheduled and kept** within the same week. This fee will be due upon your next scheduled visit. Please note that this fee **IS NOT** covered by your insurance company or account grantor.

If you have any questions, please feel free to inquire at the front desk. We appreciate your understanding of the above referenced policies and look forward to providing you with excellent service.

Sincerely,

ALL Therapy Management

Patient signature: _____ **Date:** _____