



B1.009A

ATTENTION ALL PATIENTS

CANCELLATION / NO SHOW FEE POLICY

You play an integral role in the success of your treatment. Your therapist will establish an individual treatment plan for you, including recommendations for frequency and number of treatment sessions per week. Your dedication to attending the recommended number of treatments is vital to ensure progress with your therapy program.

This policy only applies to initial evaluations, but we expect you to keep all of your appointments. However, we understand there may be circumstances in which you may need to cancel or reschedule an appointment.

PLEASE PROVIDE AT LEAST 24 HOURS NOTICE FOR CANCELING OR RESCHEDULING YOUR INITIAL EVALUATION.

- **EVALUATIONS CANCELLED OR RESCHEDULED WITHOUT 24 HOURS NOTICE WILL RESULT IN A **\$40.00** CANCELLATION / NO SHOW FEE CHARGED TO THE PATIENT.**
- **EVALUATIONS MISSED WITHOUT ANY NOTIFICATION WILL RESULT IN A **\$40.00** CANCELLATION / NO SHOW FEE CHARGED TO THE PATIENT.**
- **CANCELLATION / NO SHOW FEES WILL AUTOMATICALLY BE APPLIED TO THE CREDIT CARD THAT IS PLACED ON FILE**
- **CANCELLATION / NO SHOW FEES MAY BE WAIVED IN THE EVENT OF INCLEMENT WEATHER THAT INCLUDES ICE OR SNOW**
- **CANCELLATION FEES ARE SUBJECT TO FEDERAL GUIDELINES AND INSURANCE CONTRACTS**