



## CANCELATION FORM

### **Cancellation/No Show Policy**

To get the most benefit from your rehabilitation, it is imperative that you attend all scheduled visits and keep to your scheduled appointment time. If you are unable to attend your appointment, you must give **24 hour notice**. If you cancel on the day of an appointment or do not show for an appointment **YOU**, not your insurance company, will be charged a \$25 (adj., ½hr. mass, PT) or \$50 (1 hr. mass, neuro.) no-show fee. If you cancel and/or do not show 3 times in a row you will be discharged from treatment.

### **\*Re-Billing**

If you have an account balance and you have not made a payment after 30 days, you will be charged a rebilling fee of \$20.00 each month until you start making monthly payments. Payment arrangements are available if needed. Please ask for more information.

### **Past Due Account Notice**

Your account is considered past due after 90 days without a payment. At this time we will send you notification of your account status along with a request for payment. If your account reaches 120 days and still no payment has been received on your account, it will be turned over to collections. You will then be held responsible for your original account balance plus 30% collections fee that the agency requires. To avoid this, please make a payment on your account monthly\*.

**Office policy is subject to change and may do so without notice**

---

Patient Signature

---

Date