

Freedom Physical Therapy

CANCELLATION AND NO-SHOW POLICY

We understand that circumstances may arise which make it necessary to cancel your appointment. We request that you provide at least 24-hour notice of cancellation so that we may offer the available appointment time to another patient who needs care.

The following policy will be in effect regarding no-show appointments beginning June 9, 2023:

Patients who do not show up for their appointment and do not call to cancel or reschedule are considered a “No-show”.

Patients who “no-show” two or more appointments in a 12-month period will be subject to a \$20.00 no-show fee per occurrence.

This fee is the sole responsibility of the patient and cannot be billed to the insurance company.

After three consecutive no-show occurrences, the practice may elect to terminate our relationship with you.

Please sign that you have read and are aware of the above Cancellation and No-Show Policy.

Patient name: _____

Parent or guardian name for minor patient: _____

Patient or guardian signature: _____

Date: _____