

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 3, 2024:

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

We require that you call within 24 hours of your appointment in order to cancel without a fee. We will be happy to work with you to reschedule within the same week to avoid fees.

We will charge a fee of \$40.00 for no-shows and late cancellations.

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

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: _____