



**DARA  
WELLNESS  
& PHYSIO**

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

In order to ensure that you get the maximum benefit from your physical therapy program, it is important that you attend all therapy sessions. Please keep in mind that I value our partnership and want you to achieve your goals; thus I set aside time to care for you. If you miss your appointment, I miss out on the opportunity to help you or someone else who may need this service. Please consider this when making appointments.

- ***Please provide 24-hour notice to change or cancel an appointment.*** If you do not provide 24-hour notice, ***you will be responsible for a \$75.00 office visit charge.*** This charge cannot be billed to insurance and must be paid on or before the next scheduled appointment.
- ***If you do not call and do not show for your appointment, you will be responsible for a \$75.00 office visit charge.*** This charge cannot be billed to insurance and must be paid on or before the next scheduled appointment.
- Cancellations may be done via email or phone.
- A cancellation waiting list is used. The earlier that you give notice of your need to cancel, the earlier that appointment time can be offered to another patient. This is important as you might benefit from this service yourself at some point.
- Though the scheduling program is automated to send a reminder, there can sometimes be a glitch in the system. It is the patient's responsibility to know when the appointment is, to check with the clinic to confirm if needed, and arrive on time.
- Note that if late cancellations, no-shows, or late arrivals to scheduled appointments become a frequent occurrence, we reserve the right to cancel upcoming appointments and offer them to patients who are committed more clearly to physical therapy.
- ***Special cancellation circumstances will be considered.***

***Please note that arriving more than 15 minutes late to your appointment will require you to reschedule barring unusual circumstances.***

Thank you for your courtesy and consideration. Signing below indicates you understand and agree to the terms of this policy.

Printed name: \_\_\_\_\_

Signed name: \_\_\_\_\_

Date: \_\_\_\_\_