

# *Spectrum* Physical Therapy

## CANCELLATION AND NO SHOW POLICY

Patients are requested to notify the office prior to your appointment should you need to cancel or reschedule. **If this notification is not provided or you do not show up for your appointment, a charge of \$25.00 will be billed to your account.**

It is in your best interest to schedule the amount of visits prescribed by your physician. Therefore, *Spectrum Physical Therapy* will make every effort to reschedule an appointment should the need arise.

**If a patient cancels 3 times in a month without properly notifying the office 24 hour in advance, you will be required to make appointments on a day-to-day basis.**

If a patient no shows 3 times within a month, without properly notifying the office, you will be discharged and your physician will be notified.

**At your therapist's discretion, if you are more than 15 minutes late for your scheduled appointment time your therapy session will be shortened or rescheduled.**

I have read and understand the above information.

**X** \_\_\_\_\_

Patient Signature

**X** \_\_\_\_\_

Date