



### **NO SHOW AND CANCELLATION POLICY**

Excel Rehabilitation & Sports Therapy believes that each of your schedule appointments are very important for your treatment process. If you are unable to keep your scheduled appointment, that time may be utilized by another patient in need of treatment who could potentially fill the time slot. We believe that missed appointments hinder our ability to provide the best care possible to our patients. Due to this belief, Excel has instated a cancellation policy.

Your scheduled appointment is reserved for you. If you are unable to keep your appointment, you must cancel at least **24 hours** in advanced so that we may reassign the time to another patient. The following fees will apply:

- Appointment No Show.....\$40.00 Fee
- Cancellation Day of Appointment.....\$25.00 Fee ( unless your reschedule for same day)

These fees may be charged for all missed appointments that are not cancelled within the 24 hour notice, to be paid at the time of your next visit. If you are going to be late for your appointment, you should call to inform us of your expected arrival time. Your appointment may need to be rescheduled at the discretion of the Physical Therapist to ensure that your late arrival will not interfere with the treatment of the patient scheduled after you.

If you cancel or no show for more than three appointments, all remaining scheduled appointments will be cancelled until all fees are paid and you have talked directly with the therapist regarding your commitment to physical therapy.

Please note that an appointment is only charged as a cancelation if you do not give 24 hours notice, or you do not show for your appointment. This fee cannot be billed to your insurance company and will be your direct responsibility.

I \_\_\_\_\_, fully understand Excel Rehabilitation & Sports Therapy's office policies with regards to cancellation of appointments and agree to abide by them. I also understand and agree to pay for the charges billed to my account for noncompliance with above policy.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Excel Rep Signature: \_\_\_\_\_