



R.A.

PHYSICAL THERAPY & REHABILITATION

*Specialists who care, Results that matter,
Helping you move through life!*

RA Physical Therapy and Rehabilitation
CANCELLATION/ NO SHOW POLICY

PLEASE READ THIS POLICY BEFORE YOUR FIRST APPOINTMENT. YOU WILL BE ASKED TO SIGN THIS POLICY AT THE TIME OF YOUR FIRST APPOINTMENT.

Thank you for choosing **RA Physical Therapy and Rehabilitation**. Please read the following policies, initial each one, and then sign your name at the bottom of the page to acknowledge you agree to the following terms.

Cancellation Policy:

If you need to cancel an appointment, please call us ASAP (**24 hours notice**) so we have the opportunity to offer your appointment to another patient. If less than 24 hours notice is given you will be charged a **\$45** cancellation fee.

Initial _____

No Show Policy:

If you do not show up for a scheduled appointment, you will be charged a **\$45** no show fee.

Initial _____

If you are late for an appointment, you will be seen as soon as possible, though the visit may need to be shortened in length. If you are over 20 minutes late your appointment may have to be rescheduled and you will be charged a \$45 fee.

I understand the terms of this form. I realize that I am financially responsible for charges incurred from cancellations or no shows.

Patient's signature: _____

Parent's signature (if patient is a minor): _____