

Cancellation & No Show Policy:

As our goal is to meet the needs of our patients, we will make every effort to schedule your appointments as efficiently as possible. **It is your responsibility to make every effort to keep your scheduled appointment and to arrive promptly at the scheduled time.** We do realize that unanticipated events can occur and may prevent you from keeping your appointment. In fairness and consideration to the other patients that need to be seen as soon as possible, we hereby request that you notify our office immediately when you realize you will not be keeping your appointment.

If you need to cancel or reschedule your appointment, you must do so at least **24 hours before your schedule office visit to avoid paying a \$20.00 fee.** This is **NOT** covered by your medical insurance or Workers Compensation benefits. This notice of 24 hours is necessary so that we may schedule other patients needing immediate appointments.

Notice for pelvic patients only: Your visits are scheduled so that no other patients may be seen during your appointment time. This form of scheduling allows for privacy and devoted one-on-one therapeutic interventions. Due to the individualized timing of these sessions, a missed appointment without notice means no other patients may be seen at that time either. For this reason, **the fee for not showing for or cancelling your appointment less than 24 hours prior to the scheduled visit is \$50.00.**

This cancellation/ rescheduling fee must be paid on or before your next scheduled appointment. Thank you for your attention to this matter.

Special Note: Worker’s Compensation patients, please note that we will need to notify your adjuster and/or Nurse Case Manager in the event that you cancel/ reschedule your appointment.

I hereby acknowledge that I have read and understand the above cancellation and no show policy and that I agree to abide by these guidelines.

Patient Signature

Date