

PLEASE NOTE: 24-HOUR CANCELLATION AND NO-SHOW POLICY

Showing up as scheduled is one of your most important responsibilities. We understand that emergencies happen and you may need to cancel an appointment. Should that occur, we respectfully ask that you call or email us as soon as you can to let us know.

- We require a **24-hour notice** for a cancellation for Physical Therapy/Privates/Classes
- For **Monday** appts, we require cancellation notice by **Friday at Noon**.
- In the event that the required notification **IS NOT** received, the patient is responsible for payment of **\$100** in full at time of cancellation.
- Privates and Classes are charged full rate if 24 hour cancellation not received
- Packages are transferable, but not refundable

I understand that a 24-hour advance notice or for Monday appts, notice by Friday at noon is required to cancel an appointment to avoid being charged. _____ (initials)

When a patient does not show up for their scheduled appointment, three people lose:

1. You, the patient, because you are not getting the needed treatment as prescribed by your doctor/therapists.
2. The Therapist, who now has an empty space in their schedule since that time was reserved specifically for you.
3. Another patient who could have been scheduled to receive needed treatment if there had been proper notice.

Please cooperate with us in this regard and we will have you out of pain and feeling better soon. We are looking forward to working with you. Thank you for choosing Core Therapy and Pilates.

I understand and agree to comply with the Cancellation and No-Show Policy. I further understand that a \$25.00 fee will be applied to my account for any returned checks.

Signature of agreement and consent: _____ **Date:** _____