



# Complete Physiotherapy, Inc

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

We believe strongly in quality of care and do not double book appointments. For these reasons, no shows will incur a charge for the full private pay rate\* for each missed visit.

In the event of a cancellation with **less than 24 hours notice**, we will strive to schedule someone else in that appointment time. If we are unable to do so, you will be charged the full private pay rate\*.

In the event of two (2) no shows or late cancellations, we reserve the right to cancel all future scheduled appointments and will notify you of this course of action. Routine reporting to Workers Compensation includes information on any missed appointments.

We care about the wellbeing of our patients, and thus, will waive this policy in the event of inclement weather or emergency situations that pose a risk to your or our safety.

I realize that in making an appointment with Complete Physiotherapy, Inc. I am making a commitment to attend the appointment as this is a time reserved exclusively for me. I also agree to abide by this policy and accept responsibility for all appointments I choose to schedule.

**\*\$107 Cash/Check or \$110 Credit/Debit Card**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date