



Cancellation, No Show, and Late Arrival Policy

Good Health P.T. sets aside time for you in our schedule to provide you with the best one-on-one care.

Please take a moment to review our cancellation, no show, and late arrival policy. This policy enables Good Health P.T. to provide services to clients who need care in a timely manner.

** Reminder texts and emails are provided as a courtesy to you. These reminders are computer generated and may not be error free, but these instances should be very few, if at all. **Ultimately it is your responsibility to know when your appointments are scheduled.** A no show or late cancel fee will still be applied if you say you did not get a reminder.

** While we do understand that illnesses and family emergencies can arrive suddenly, we still appreciate 24 hours advance notice if possible. If you are ill or have a family emergency the morning of your appointment, please notify us as soon as possible. The first two late cancellation fees due to illness or family emergency will be waived. If you have more than two, a late cancellation fee will still apply.

❖ We require a **minimum of 1 full business day** for appointment cancellations. **Two hour** appointments require a **minimum of 2 full business days. If your appointment is on a Monday, you must call on the Friday before your appointment to cancel.** *We appreciate the consideration of as much notice as possible.*

_____ *Initialing indicates you understand and agree to the policy outlined in each section.*

❖ **Late Cancellation & No Show** fees will be collected at the time you cancel or at the next scheduled appointment and are as follows:

_____ No show and/or late cancellations **one and two** will be assessed a **\$40 fee.**

_____ For the **third and all further** no show and/or late cancellations, the patient will be charged the full hour rate of \$120.00 and may be discharged from care at the therapist's discretion.

*****Two Hour appointments will be assessed a double fee*** (\$80, \$220)**

❖ **Late arrival** fees are at the discretion of the therapist and will be collected at the time of service.

_____ The fees are as follows:

- Arrival between **10 and 20 minutes** late will be assessed a **\$15 fee.**
- Arrival between **20 and 35 minutes** late will be assessed a **\$30 fee.**
- If you arrive **more than 35 minutes** late for a **one hour appointment**, you will need to reschedule and you will be assessed a **\$40 fee.**
- If you arrive **more than 40 minutes** late for a **two hour appointment** you will be charged a **\$40 fee** and will be seen for one hour only at the therapist's discretion.
- If you arrive **more than 70 minutes** late for a **two hour appointment** you will be charged a **\$40 fee AND late arrival fees** (noted above) will apply to the second hour. If the therapist is unable to see you, you will be charged the full **\$80 cancellation fee.**

*****Late cancellation, no show, and late arrival fees will not be covered by insurance.*****

I certify that I have read, understand, and agree to the cancellation, no show, and late arrival policy. I consent to services provided by Good Health Physical Therapy & Wellness.

Patient/Guardian Signature: _____ **Date** _____

Print Patient/Guardian Name: _____ **Relationship** _____