



## **Cancellation Policy**

A minimum of 24-HOURS Notice of Cancellation is required for all appointments. Please note: Monday appointments must be canceled prior to 7am that day, you may leave a message on the answering machine over the weekend.

- I acknowledge that a \$25 MISSED APPOINTMENT CHARGE, non-refundable and non-billable to insurance will be charged to me, if I do not comply
- I acknowledge that if I have two or more instances of no-shows or less than 24-hour cancellation notice, I may have future appointments removed from the schedule and/or be discharged

## **Co-Payments, Deductibles and Unpaid Balances**

- I acknowledge that co-payments are due at the beginning of each visit
- I acknowledge that I am responsible for any deductible and unpaid balance by my insurer for the service rendered by Connections Physical Therapy

## **Referral Policy**

Referrals, if required by your insurance, are the responsibility of the patient and are required to be received by our office prior to the initial visit. We do not want to interrupt your treatment and many insurance companies require a referral in advance.

- I understand that referrals are my responsibility and can be obtained through my Primary Care Physician
- I acknowledge that I have seen the "Notice of Information Practices" and HIPAA compliance form

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_