

## **Cancellation / No-Show Policy**

**All of us at Physical Therapy etc. want to make your therapy as effective as possible. We believe that part of that goal is to schedule your appointments on days and at times that are convenient to you. We try very hard to do that.**

### **WE NEED YOUR HELP.**

**If you are late for a scheduled appointment, your treatment time may need to be shortened or, depending on our schedule, we may not be able to treat you at all.**

**If you need to reschedule or cancel an appointment, please let us know as soon as possible. We would appreciate at least 24 hours' notice. We may be able to fill your appointment time with another patient. You may be billed \$25 if you repeatedly miss scheduled appointments or if you do not give us adequate notice. (This policy does not apply to cancellations due to inclement weather. If our office is closed for inclement weather, our answering machine will indicate that the office is closed.)**

**CALL US AT 717-263-5147.**

**IF WE DO NOT ANSWER, PLEASE LEAVE A MESSAGE.**

---

**Patient signature**

**Date**