

Spine and Sport Physical Therapy's NO Show/Cancellation Policy



In the event of a **NO SHOW**, your account will be charged **\$30**.
Reasonable emergencies and follow up communication can be forgiven.

Appointment cancellations within 4 hours or less of your appointment time
will result in a **\$15** fee.

If you arrive more than **10 minutes** late without notifying Spine and Sport
Physical Therapy, we reserve the right to cancel your appointment.

I have read and agree to this NO Show/Cancellation policy and will accept the charges if I do not
comply.

Spine and Sport PT Patient Privacy Notice Acknowledgement

I have read and understand the HIPPA privacy notice. I understand that upon request a copy of
the complete notice will be provided to me.

Financial Responsibility Agreement

**I understand it is my responsibility to know what my health insurance coverage and benefits are
for physical therapy treatment. If you are given an insurance quote by Spine and Sport PT, this is
only an ESTIMATE. All remaining balances due after my insurance has processed the medical
claim(s), I must pay.**

Medicare Patients: I understand I will be responsible for any remaining deductible from my
primary and supplemental/secondary insurance at the time of service. If my supplemental insurance is
not contracted with Spine and Sport Physical Therapy, or if I do not have supplemental coverage, I will
be responsible for all coinsurance due for the services that were rendered to me.

Patient Name (Print)

Patient Signature

Date