



## **CANCELLATION POLICY**

Spine and Sport Physical Therapy's cancellation policy is to cancel your appointment within **24 hours** of your scheduled time. If you fail to do so a **\$30.00** fee will be charged to your account. Reasonable emergencies are forgiven. If you fail to notify us completely a **\$30.00** fee will be applied to your account.

If you arrive more than **15 minutes** late without notifying Spine and Sport Physical Therapy, you will be assessed a **\$20.00 late charge**.

I have read and agree to this 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. Any and all remaining balance due after my insurance company(ies) 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