

NO SHOW/LATE CANCELLATION POLICY

As a courtesy, we kindly request a 24 hour notice of cancellation if you are unable to keep your appointment. We may have other patients that could benefit from the available appointment time. Your appointment time is dedicated to you and your therapy needs and HHRS is committed to providing excellent service.

PATIENT ACKNOWLEDGEMENT

I, , understand that if I do not give a 24-hour notice of cancellation, I may be charged a $20.00 cancellation/no-show fee that is not billable to my insurance.

For Worker’s Compensation and No Fault Patients, documentation of any missed appointments will be forwarded to Case Managers and/or Adjusters.

I have read and accept the terms of this policy.

Patient/Parent/Guardian Signature Date