



CANCELLATION POLICY

If you are unable to keep your appointment, we **require 12 hours notice**. Failure to do so will result in a **\$25.00** fee charged to the patient. You may call our office and leave a message on the voicemail if it is afterhours or you can email us at **info@theramaxrehab.com**. A friendly reminder will be given at the first occurrence; however, charges will apply thereafter. Failure to follow this policy will result in a **NO SHOW** for a scheduled appointment, with the consequence of a **\$50.00** charge.

Together, we are accountable to your physician to see that you achieve positive outcomes. TheraMAX is responsible to help you achieve your rehabilitation goals. It is **YOUR** responsibility to be here for your appointment. **WHEN A TIMELY CANCELLATION OF AN APPOINTMENT IS NOT MADE, THAT SLOT CANNOT BE ASSIGNED TO ANOTHER PATIENT, CREATING A SCHEDULING CONFLICT.**

THIS POLICY WILL BE STRICTLY FOLLOWED.

We do understand an emergency may occur, but it is important that we are respectful of everyone's time.

I, _____, have read the
(Please print your name)
information stated above, and agree to all terms mentioned herein.

SIGNATURE _____ **DATE** _____