

**Cancellation and No Show Policy**

Dear Patient,

In consideration for others, if you cannot keep a scheduled appointment, please call **within 24 hours or before 8:00AM** to leave a message that you are cancelling your appointment for that day. *Consideration is given to those who are ill, rely on others for transportation, or have an emergency.*

Any patient who misses three or more appointments will be charged a fee or be potentially discharged from our care and the doctor will be informed. We reserve the right to charge a ***$65.00 No Show or missed appointment fee*** during the time slot we have scheduled for you.

When patients do not show up or cancel, this is a time slot we may have used for another patient. You, the patient, will be held responsible regardless of your insurance carrier or personal situation for the missed appointment charge.

Thank you for your understanding,

WellFit Rehabilitation and Aquatics, LLC

*By signing, I acknowledge that I have read and understand these policies and agree to abide by them.*

Patient Signature \_\_\_ Date