



### **Attendance Agreement**

Thank you for allowing us the opportunity to provide you with physical and occupational therapy. We appreciate and respect the time you spend with us.

**We require a 24-hour notice for cancellations.** We reserve the right to charge \$50 for a same day cancellation. If for some reason you are unable to make your scheduled appointment, we will do our best to reschedule your appointment within the same day or week to get you the care you need.

**Failure to show for a scheduled appointment without a phone call or proper advance notification will result in a \$50 No Show fee. Failure to show for 2 scheduled appointments may result in removal of all future scheduled appointments.**

If your future appointments are removed due to 2 No Show appointments, you will need to contact the office to get back on the schedule and resume care.

All fees are expected to be paid prior to your next appointment.

**I acknowledge and accept responsibility of the Attendance Agreement.**

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*Signature Patient or Guarantor*

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*Date*

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*Printed Name Patient or Guarantor*