



CRAY PHYSICAL THERAPY

Acknowledgement of Cancellation Policy

We take great pride in the time and service we provide to our patients. We take your time very seriously and are committed to serving you with a high level of respect, integrity, and in the most cost-effective manner. We are dedicated to providing you with one full hour of treatment at each visit.

While some patient cancellations are inevitable, cancellations with less than 24 hours-notice or missed appointments (no-shows) are a great expense to our organization.

By signing this form, you acknowledge that we will allow one (1) cancelled/missed appointment without proper notice. Going forward, any and all appointments cancelled or missed without proper notice will be subject to a \$35 cancellation fee.

Print Name _____

Signature _____

Date _____

Thank you