

Appointment Scheduling Agreement

- If I am more than 15 minutes late for my appointment, Lifestyle Physical Therapy reserves the right to cancel my appointment and I will be responsible for a \$75 late cancellation fee.
- My scheduled appointment must be cancelled at least **24 business hours** in advance otherwise I am responsible for a \$75.00 late cancellation fee.
- I understand that “business hours” is defined as 7:30 am to 5:30 pm.
- I understand that there is no staff available on Sunday to reschedule a Monday appointment. If I need to change a Monday appointment this must be done by Saturday before 2:00pm.
- I understand that there is no staff available on the holidays to reschedule an appointment.
- Should I miss two consecutive appointments without calling to cancel, my appointments will be removed from the schedule and I will forfeit all further appointments.
- I understand that my insurance cannot be billed for a cancellation fee and that this fee is my responsibility.

Patient Signature _____ **Date** _____