

IMPORTANT- PLEASE READ

Appointment Scheduling Agreement

- My scheduled appointment must be cancelled at least **24 business hours by phone** in advance otherwise I am responsible for a **\$75.00** late cancellation fee.
- 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.
- I understand that “**business hours**” is defined as **Monday through Friday, 7:30am to 5:30pm.**
- I understand that there is no staff available on the weekends and holidays to schedule or 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.
- I acknowledge that I have received a copy and/or email of this agreement OR
- I have declined a copy and/or email of this agreement: patient initials_____

Patient Signature _____ Date _____

Facility Witness _____ Date _____