

## **Cancellation and Discontinuance from Services Policy**

If you cannot keep your appointments with the Carlisle Place Physical Therapy and Wellness Center, LLC. Kindly give us a 24 hour notice. Because of high demand for our therapy department we have a waiting list and time is very valuable especially to patients in pain. If you do not give notice of a missed appointment a \$35.00 surcharge will be added to your account balance and you will be considered a “no-show”. After 3 “no-show” visits you will be asked to seek therapy services elsewhere, we will forward any notes needed to the new facility as requested with signed authorization. Cancellations on the same day of scheduled appointments are very difficult to fill. We require that you kindly give 24 hour notice. If 24 hour notice is not given more than twice a \$35.00 surcharge will be added to your account.

The \$35.00 surcharge *cannot and will not* be billed to your insurance carrier. This fee is solely the responsibility and an out of pocket expense to you as the patient.

### ***Parents/Guardians***

***By signing below you are authorizing for the child in which you hold responsibility. You also understand that you are responsible for any payment due from this facility for any services rendered to your child. Even if you are not the carrier on the child’s insurance policy you are still responsible for payment of services rendered, deductibles, co-insurances and co-payments due at the time of service.***

I have read and understand the above policies, procedures and assignment of benefits. I understand that I am responsible for any balance due on my account. I will notify the facility immediately if there are any changes to my insurance(s). I certify that the above information is true and correct to the best of my knowledge. If I am unable to pay my bill promptly I will notify the facility and make timely payment arrangements with the billing department.

