

Cancellation Policy

As a courtesy to you and other patients, the following policy is in effect. I understand that when I have an appointment with Release Physical Therapy, there is a 24-hour notice cancellation policy. If I call within 24 hours of my appointment to cancel or reschedule for other than illness or emergency, I will incur a \$150.00 fee for physical therapy services.

Signature: _____

Also, for your convenience if you would like to pay your co-payments by credit or debit and not have to stop at the counter for payment, you may list that information below.

My credit card number is as follows:

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____

Signature: _____

