



PHYSICAL THERAPY  
& WELLNESS CENTER

## CANCELLATION & NO-SHOW POLICY

**Your appointment is important to all of us!**

**“No-Shows” (missed appointments without calling to cancel) and cancelling with less than 24 hours notice will result in a \$40.00 fee.**

I understand the cancellation/no-show policy utilized by RHC Physical Therapy and Wellness Center and will comply with charges that may result from my missed appointments.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date