



## **Appointment Cancellation and No-Show Policy**

Our goal is to provide quality individualized physical therapy and/or Pilates services in a timely manner. No-Shows and late cancellations inconvenience those individuals who need access to medical care in a timely manner. We would like to clearly state our office policy regarding missed appointments. This policy enables us to better utilize available appointments for our patients in need of physical therapy and/or Pilates services.

### **Cancellation of an Appointment**

In order to be respectful of the needs of other patients, please be courteous and call Renew Physical Therapy & Pilates, LLC promptly if you are unable to show up for an appointment. This time will be reallocated to someone who is in need of treatment. If it is necessary to cancel your scheduled appointment, we require that you call at least 24 hours in advance. Appointments are in high demand and we often have a wait list for patients that were unable to schedule with their therapist and your early cancellation will give another patient the possibility to have access to timely care.

### **How to Cancel Your Appointment**

To cancel appointments, please call 303-284-8752. If you do not reach someone in person, please leave a detailed message on our confidential voicemail. In addition to a voice message, you can send an email to [support@renewPTpilates.com](mailto:support@renewPTpilates.com).

### **Late Cancellations**

A cancellation is considered late when a patient fails to cancel their scheduled appointment with a 24 hour advanced notice. Consideration will be given in the event of adverse weather conditions, school closures, illness and extenuating circumstances.

### **No-Show Policy**

A no-show is when someone misses an appointment without cancelling and/or fails to acknowledge their absence from a scheduled visit.

1st Late Cancel / No-Show there will be no charge

2nd Late Cancel / No-Show there will be a \$25 fee

3rd+ Late Cancel / No-Show there will be a \$50 fee

I acknowledge receipt and understanding of the cancellation and no-show policies at Renew Physical Therapy & Pilates, LLC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_