

Cancellation Policy:

Due to the demand for physical therapy, at Matrix Therapy, we have a strict cancellation policy so that we are able to see as many patients as possible without a long waiting list. Please initial the below statements, and sign at the bottom that you will adhere to our cancellation policy.

_____ If you need to cancel, please do so within 24 hours. If you are unable to cancel within 24 hours, you will be billed for \$100 for your service. You are entitled to one visit in which you call after 24 hours, but within one hour of your service without penalty. After this visit, you will be charged \$100.

_____ You must make at least 75% of your appointments, or you will be discharged from therapy. Missing more than this will make recovery difficult, and increase the wait on our waiting list. Therefore, it is imperative that you attend as many of your appointments as possible.

I, _____, understand and agree to the above cancellation policy. I understand, that if I do not follow the above policy, I will be discharged from Matrix Therapy,

Signature

Date