



## Reservation and Cancellation Policy

Our time together is important. We reserve a certain amount of treatment time specifically for you and want to make sure you receive the care you need. In order for us to start and stay on time, **please arrive 5 minutes before** your reserved appointment time. This will allow you and our medical receptionist check-in time.

### Reminders

As a courtesy, a text OR call reminder of your reservation can be sent the day before. To request this free service please choose ONE below:

Please send a TEXT reminder to ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

OR

Please CALL me at ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

### Late Arrivals

Please call us if you are running late. Your therapist will determine if there is enough time remaining to start your treatment depending upon how late you arrive. If treatment is provided, we will use the remainder of your reserved time but may have to shorten your session in order to start the patient following you on time. Regardless of the length of the treatment actually given, you will be responsible for the therapy received during the session. Out of respect and consideration to your therapist and other patients, please plan accordingly and be on time.

### Cancellations/No-Show

We understand that unanticipated events happen occasionally in everyone's life. Please contact our office promptly if you need to cancel or reschedule. If it is necessary to cancel your scheduled appointment, **we require that you call the day before your appointment**. Your early cancellation will allow another patient access to care.

To cancel or reschedule your appointment, please call 434-447-3322. If you do not reach the medical receptionist, please leave a detailed message on our voice mail.

A "no-show" is a patient who misses a reservation without cancelling or providing proper notice. Failure to cancel or communicate with us about your appointment may result in cancellations of all future reservations. No-show will include arriving late enough that your therapist determines you must forfeit that day's session.

The first time there is a "no-show" or late cancellation there will be no charge to the patient. A 2nd occurrence will result in a \$25 fee. The 3rd occurrence will result in a \$25 fee and the patient may be discharged from the practice.

By signing below, I acknowledge I have read and understand the above policy and accept the terms.

\_\_\_\_\_  
Patient or Guardian Signature

\_\_\_\_\_  
Date