



CHEAR Physical Therapy  
881 Alma Real STE 211 \* Pacific Palisades, CA 90272  
Phone 310.454.0060 \* Fax 310.454.0065

## CHEAR Cancellation Policy

Thank you for choosing CHEAR Physical Therapy as your therapy provider. We are dedicated in assisting you with your therapy goals. It is important for you to attend your scheduled appointments to achieve the goals your health care provider and your therapist have established for you.

When you must cancel a scheduled appointment, please call CHEAR as soon as possible 310-454-0060. For your convenience you can leave a message after our regular business hours and on holidays.

- If you fail to give 24 hours notice, you will be charged a \$125 late cancellation fee. There are no exceptions to this policy.
- We cannot accept patients for treatment that are more than 15 minutes late. After 15 minutes, the appointment will be considered a late cancellation and the \$125 fee will be charged.
- If you CANCEL TWICE CONSECUTIVELY with less than 24 hours notice all appointments will be deleted. \*Future appointments may only be made day of, provided that an appointment is available.
- If you NO SHOW twice all remaining appointments will be deleted and your physician will be notified. \*It will be necessary to contact the director of CHEAR for approval to schedule future appointments.

Your insurance does not cover charges for late or no-show cancellations; it is the patient's responsibility.

We require a credit card on file for all patients and clients.

- I have read the CHEAR Cancellation Policy and I understand its contents \_\_\_\_\_
- A credit or debit card must be "on file". I understand the credit card will automatically be charged for missed appointments \_\_\_\_\_

MC/VISA/Other \_\_\_\_\_ exp \_\_\_\_\_

Select: Patient \_\_\_\_\_ Parent \_\_\_\_\_ Legal Guardian \_\_\_\_\_ Other \_\_\_\_\_

Printed Name \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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