

**Advanced Physical Therapy Center**  
3367-A Hwy 16 N, Denver, NC 28037

**CANCELLATION POLICY**

Your scheduled appointment is a designated time reserved especially for you and your physical therapy needs. If you are unable to keep your appointment, please give the courtesy of a 24-hour notice. Advance notice allows another patient to utilize the appointment.

**NO SHOW POLICY**

**There will be a \$25 fee for a missed appointment unless a 24-hour notice is given. This fee is not covered by insurance.**

Three no shows will result in immediate discharge from the program. Discharge due to absence will be reported to the physician and insurance adjuster and may result in discontinuation of worker's compensation benefits.

**APPOINTMENT REMINDERS**

We provide appointment reminders as a courtesy for our patients. Please check the preferred method of communication:

Phone call \_\_\_\_\_ Phone number \_\_\_\_\_

Text \_\_\_\_\_ Phone number \_\_\_\_\_

Email \_\_\_\_\_ Email address \_\_\_\_\_

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