INSPIRE
physical therapy
MICHAEL PERKINS, PT

# Cancellation Policy

It is imperative that there be a consistency of treatment, as outlined by your physical therapist and physician, in order for your therapy to be of benefit and to achieve a successful outcome.

A $20 fee will be assessed for all missed visits unless you provide us with 24 hour notification that you will be unable to keep your appointment.

Please be advised that your health insurance will not reimburse you for this fee.

I have read and do understand that I will be personally responsible for the $20 cancellation fee if I miss a scheduled appointment without giving 24 hour notice.

Patient (or Guardian) Signature: _____ Date: _____

Printed Patient Name: _____