

*"We look forward to the opportunity to serve you."*



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### **No-Show and Cancellation Policy**

#### **Please Read Thoroughly**

When you are scheduled for an appointment at Southern Physical Therapy Clinic, the time is reserved especially for you. We ask that a 24 hour notice be given if you are unable to make your appointment. The following policy is with regards to patients who fail to keep their scheduled therapy appointment.

- **Patients who fail to show to their scheduled appointment without notice will be subject to a "No-Show Fee" of \$50.00. Patient will be notified and discharged after the second no-show.**
- **Patients who fail to notify the office of cancellation and/or reschedule within 24 hours of their appointment will be subject to a "Reschedule Fee" of \$15.00.**

We care about your health and wellness and need you to consistently show for your appointments to receive the care required. We realize that there may be extenuating circumstances and we are always willing to work with our patients should this apply. We are in the business of helping you get better. Please help us help you and every one of our patients by not cancelling your appointment.

**By signing I acknowledge that I have read and understand this policy.**

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Patient Initials

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Date