



CANCELLATION POLICY

Attending all scheduled appointments is an essential part of your treatment and recovery. Your appointment time has been reserved exclusively for you.

DETAILS:

- We require **24 hours** notice for any appointment cancellation
 - If you cancel your appointment and provide more than 24 hours notice, you will NOT be charged.
- Patients who cancel within 24 hours of the scheduled appointment may be charged a **late cancellation** fee of **\$50**.
 - Patient initials to acknowledge _____
- Patients who do not provide notification of cancellation and “**NO SHOW**” for an appointment may be charged **full fee of the appointment (\$95)**.
 - Patient initials to acknowledge _____

If your attendance at regularly scheduled appointments becomes a re-occurring concern, VOR Physiotherapy reserves the right to no longer reserve appointment times for you.

I authorize VOR Physiotherapy to charge my credit card for cancellation or no show fees. You will receive a courtesy call before we charge your card. This information will be kept in strictest confidence. It will be scanned into our secure database, double password protected, and the paper shredded.

Our admin staff have completed PCI (Payment Card Industry) Awareness Training and our policies are **PCI compliant**.

Card Type: MASTERCARD VISA Other: _____

Number: _____
GIVE NUMBER IN PERSON OR BY PHONE

Name on Card: _____

Exp Date: _____

CVV Code : _____

Please check box if you authorize VOR Physiotherapy to charge this card automatically for telehealth or in-clinic treatment which is not covered by 3rd party insurers. YES NO

Patient Signature: _____

Date: _____