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First name: _____

Last name: _____

When a patient fails to show or cancel within 12 hours of their appointment, we miss an opportunity to provide care to someone in need. We are committed to providing you with the best care possible.

If you need to cancel your appointment, please contact the clinic via phone (voicemail is accepted), or email 12 hours prior to your appointment.

You will be reminded of your appointment through our automated system via phone, text message or email. The reminder is sent the day before your appointment and does give you the option to cancel your appointment, without fee.

We understand that there are occasions for missed appointments due to unforeseen circumstances (defined as: If something that has happened was unforeseen, **it was not expected to happen or known** about beforehand), and if you wish to appeal your fee for such reasons. You may complete our No Show/Late Cancel waiver form.

Please note when appealing your fee, it is not waived, but will be reviewed under the discretion of the Dalhousie Physiotherapy Clinic. If necessary, we will contact you for further information. In some circumstances your fee may not be waived and you will be responsible for paying the balance on your account.

Fees:

• For appointments cancelled/missed the fee charged is half the cost of your appointment. For example, if you are coming for an Assessment at \$90.00, your balance would be: \$45.00.

I have read this document and thoroughly understand and agree to pay any outstanding balances on my account regarding cancelled/missed appointments at the discretion of the Dalhousie Physiotherapy Clinic.

Signature:		

Date: