

## **Cancellation and No Show Policy**

All cancellations need to be made 24 hours prior to your appointment. If you do not show up for your appointment or cancel with-in 24 hours, you will be responsible to pay a \$50 No Show/Cancellation Fee.

## **Payment Policy**

We are not contracted with any insurance companies. However, the payments you make may be reimbursable by your insurance company under your out of network physical therapy benefits; the exact percentage depends upon your plan. Due to the complex nature of insurance claims and reimbursement, I make no promises as to whether you will receive reimbursement.

We will assist you in every way possible. Payment is due at the time of service.

I have read and understand the above policies:

Name\_\_\_\_\_

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

Thank you for your cooperation and business.

Michelle Polon, PT  
Aspire Wellness, LLC