



PATIENT CANCELLATION/NO-SHOW POLICY ACKNOWLEDGEMENT

I understand that Florida Pain and Rehabilitation Center has a cancellation/no-show policy, and that I will be charged for any appointment I cancel or miss with less than 24 hours notice. Cancellations are reserved for emergencies only, and require a minimum of a 24 hour notice. All cancellations are to be rescheduled to ensure continuity of care. Any arrival 15 minutes or more after the scheduled start time of your appointment will be considered a cancellation/no-show.

Florida Pain and Rehabilitation Center reserves the right to charge a fee of \$50.00 for each scheduled appointment that is cancelled with less than 24 hours notice, as well as for no-shows. I also understand that I may be discharged from the care of Florida Pain and Rehabilitation Center if I cancel with less than 24 hours notice, or no-show, more than 3 times within any 6 month period.

I also understand that I will not be seen until any outstanding cancellation/no-show fees have been paid in full and that any self-pay fees are non-refundable.

By signing below, I understand and agree to the above policy.

Patient Name (Print): _____

Patient Signature: _____

Provider Signature: _____

Date: _____