



SOUTH ORANGE REHABILITATION & WELLNESS

CANCELLATION / LATE POLICY

Name: _____

Telephone Confirmation Number: _____

You have a scheduled appointment with either physical therapy or acupuncture. Each appointment is scheduled to allow time for appropriate care and not to inconvenience other patients that are on time. PLEASE DO NOT BE LATE. Any person **over 15 minutes late will be charged a late fee of \$50.00** and will be required to reschedule the appointment.

If an appointment needs to be cancelled or rescheduled, **you need to call at least 24 hours before that appointment time or there will be a \$50.00 charge.** For example, an 8:30 AM appointment needs to be cancelled at least 8:30AM one day before.

I have read and understand the late and 24 hour policy.

Signed: _____

Date: _____