

Cancellation and No-Show Policy

www.reboundot.com Bellingham • Lynden

			ohysician and/or your therapist has prescribed a set ed for these visits is one of your most important jobs.	
•	notice. If you can up for your appoin	cel an appointment withintment, you will be ch onsurance and is your pers	end an appointment, please give us 24 hours of advanced in 24 hours of your scheduled time, or simply do not sho parged a \$50 missed appointment fee. This fee is sonal responsibility. This fee must be paid at your next	w
•	(Initial)	If your insurance require	es a co-pay for therapy, it is due at the time of service.	
treatm reserve	ent prescribed by ed for you persona	your physician; the thera Illy; and another patient v	affected: you, the patient, because you don't get the apist, who now has a space in their schedule which was who could have been scheduled for that treatment time you feeling better faster.	. If
	=		remind you when you have an appointment so that you of frame and avoid a fee. Please select your option below:	
□ Pho	ne number:		Carrier (eg Verizon):	
□ Ema	ail address:			
			otify your physician that you are being discharged from oue to take treatment time away from others who need	
Patient or Guardian Signature			Date	

We take this subject seriously at ReBound because it can make the difference between whether you succeed