

RESTOR PHYSICAL THERAPY
P.O. BOX 8125
FOUNTAIN VALLEY, CA 92728-8125
PHONE: 714-754-7268 FAX: 714-434-7042

Cancellation/ No Show Policy

Private Insurance and Medicare Patients:

Any No Show or Cancellation that are not made 24 hours prior to your scheduled appointment time are subject to a \$120.00 Cancellation Fee, which will be your responsibility. This cannot be billed to your Insurance Company.

Workers Compensation Patients:

Workers Compensation Patients will be reported to your Work Compensation Insurance Adjuster for ALL No Show and Cancellation of Appointments.

Cell Phones:

As a courtesy of others, cell phone use is strongly discourages during all treatment sessions. We ask that you please turn off your phone or set it to silent mode before your treatment appointment.

Print Name: _____

Signature: _____ Date: _____

If not signed by the patient, please indicate relationship: _____

Name of Patient: _____