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## **Cancellation Policy**

As a courtesy to you and other patients, the following policy is in effect.

I understand that when I have an appointment with Capitol Rehab, there is a 24- hour notice cancellation policy. If I call within 24 hours of my appointment to cancel or reschedule for other than illness or emergency, I will incur a \$25.00 service fee for chiropractic services and a \$50.00 fee for physical therapy services.

Signature: \_\_\_\_\_

Also, for your convenience if you would like to pay your co-payments by credit or debit and not have to stop at the counter for payment, you may list that information below.

My credit card number is as follows:

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name of card: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_