

MaXum Therapy has a strict cancellation policy and it is important that all patients and/or parents understand the following terms:

NO SHOW APPOINTMENT:

A missed appointment without any prior notification given to MaXum

LATE CANCELLATION APPOINTMENT:

A missed appointment with notification to MaXum given after 2:00 the day before the appointment

CANCELLATION POLICY

NO SHOW OR LATE CANCELLATION TO INITIAL EVALUATION

- a. You will not be able to reschedule at this facility.
- b. You are able to pursue your therapy at another clinic with help from your physician or insurance company.

2 NO SHOW APPOINTMENTS – or - 3 LATE CANCELLATION APPOINTMENTS

- a. All future appointments will be cancelled.
- b. Your scheduling status will change to a **WEEK-TO-WEEK** basis. You can call MaXum every Monday to schedule for that week only.

3 NO SHOW APPOINTMENTS

- a. You will not be able to reschedule at this facility. You will be discharged.
- b. You are able to pursue your therapy at another clinic with help from your physician or insurance company.

ANY NO SHOW OR LATE CANCELLATION WHILE ON WEEK-TO-WEEK BASIS

- a. You will not be able to reschedule at this facility. You will be discharged.
- b. You are able to pursue therapy at another clinic with help from your physician or insurance company.

PLEASE BE AWARE OF THE FOLLOWING:

1. A late cancellation for multiple appointments on the same day counts as 1 late cancellation for each missed appointment.

2. A cancelled appointment is considered an Advance Cancellation if you call MaXum or leave a message on our answering machine before 2:00 the day before the appointment. This missed appointment is not applied to our cancellation policy.

3. All decisions concerning missed appointments, scheduling status and/or discharge due to poor compliance with the Cancellation Policy are made by MaXum Management only.

4. There is a **cancellation fee of \$30** collected for all No Show or Late Cancellation Appointments.

*Cancellation fee only applies for patients who are not enrolled in Medi-Cal or Workers' Compensation claims.

I have read and understand the terms and conditions of the Cancellation Policy at MaXum Therapy.

Name

Patient/Parent Signature

Date