



# PT by the Sea, Inc.

Physical Therapy

1721 Allens Lane Ste.101 ~ Wilmington, NC 28403 ~ (910) 256-4442

## ***Our Cancellation Policy: Why it exists?***

PT by the Sea is a small business whose goal is to provide one on one patient care. We strive to provide the best individualized and skilled care that we are capable of giving. In order to do so, we feel it is most important to give one on one attention to each client for every one hour session. Therefore, we do not double book the schedule. Many other clinics see up to four clients per hour and some treatment may be provided by a technician or athletic trainer, but we prefer to offer individualized care by only licensed physical therapists. If a client does not show up or cancel in short notice, we can not provide the care to you or to other clients who may be on our waiting list.

A few of the benefits of coming to a non-volume oriented clinic are individualized care for up to one hour and superior skills provided by knowledgeable, licensed and experienced staff. We all have greater than 10 years of experience and are all licensed physical therapists. You will not be seen by a physical therapy aide or athletic trainer in this facility. In order for this business to continue providing these services, we request consideration by our clients to us and other clients in giving us ample notice prior to missing an appointment.

If you call us on the day of your appointment and cancel due to sickness or inability to arrive at the clinic on time, typically the fee **will not be** waived for these circumstances. If your appointment can be rescheduled that day, the fee will be waived. The fee will also be waived in case of an emergency or in case of severe inclement weather such as an impending hurricane or snowstorm.

**PLEASE CALL US THE DAY BEFORE YOUR SCHEDULED APPOINTMENT IF YOU WISH TO CANCEL!!!!**

---

**I have read the above policy and I understand that if I cancel on the same day of service or I do not show up for a scheduled appointment, I will be charged \$50, for which I am personally responsible. This amount will be due prior to receiving any additional treatments. I also understand that I will not be charged if I cancel the day before a scheduled appointment.**

---

Signature

---

Date