

The ExerScience Center

No Show/Cancellation Policy

Pay As You Go -

The ExerScience Center operates on a scheduled hourly appointment basis for Physical Therapy and private training sessions. Therefore, when canceling or rescheduling an appointment, the client is required to provide MORE than 48 hour notice.

A “No Show” is a patient who fails to appear for a scheduled appointment without providing a 48 hour cancellation notice. Further, a rescheduled appointment that is less than the 48 hour cancellation notice is still considered a cancellation and is treated as such. The client will be charged in full for that missed session. This fee will be expected to be paid at your next scheduled visit.

This fee is not covered by your insurance and it will be your responsibility to pay no matter what type of coverage that you have. If the fee is not paid, you will be billed, and this balance is subject to collections.

Exceptions will only be considered in the case of a medical emergency accompanied by a doctor’s note. There is a no refund policy, a credit will be issued for a future date. A doctor’s note stating you are cleared to continue is required.

Memberships -

When canceling or rescheduling an appointment, the client is required to provide 5 business days’ notice or you will lose the session.

If the client is a no show, tries to reschedule, or cancel less than 5 business days to the scheduled time, a loss of session will incur and will not be rescheduled, refunded, or credited.

Exceptions will be considered in the case of a medical emergency accompanied by a doctor’s note. There is a no-refund policy on all membership purchases – a client may only receive a credit if accompanied by a doctor’s note. A doctor’s note stating you are cleared to continue is also required.

Please note that consistent client short notice cancellations and rescheduling does the client and Physical Therapist or Personal Trainer a disservice and will end the partnership with the client.

I have read and understand the Cancellation Policy for The ExerScience Center.

Signature of Patient

Date