Performing Arts Physical Therapy
The Pilates Studio® of Los Angeles

24-HOUR CANCELLATION & ATTENDANCE POLICY

PATIENT NOTICE AND REQUIRED ACKNOWLEDGMENT

Dear Patient,

Each appointment reserves your therapist's time specifically for your care. To maintain an efficient schedule and provide timely appointments for all patients, PAPT requires the following:

- **24-hour notice.** Cancel or reschedule at least 24 hours before your appointment's scheduled start time. A cancellation or rescheduling request received less than 24 hours beforehand will incur a **$50 fee per appointment**. Illness and other unexpected circumstances do not automatically waive the fee.
- **Missed appointments and late arrivals.** A missed appointment without timely cancellation incurs a **$50 no-show fee**. Arriving more than 15 minutes late will also be treated as a no-show if your therapist cannot accommodate your visit that day. Only one $50 cancellation or no-show fee applies to an appointment.
- **Credit card on file.** A valid credit card must be maintained securely in our payment system. Applicable **$50 late cancellation and no-show fees** for pre-booked appointments will be charged automatically to your authorized card on file. These fees are not billed to insurance. A receipt will be provided.
- **How to cancel.** Call **(310) 659-1077** or email **info@pilatestherapy.com**. If the office is closed, leave a voicemail or send an email. Include your name and the appointment date and time. The time your message is received determines whether the 24-hour requirement has been met, even outside office hours.
- **Scheduling and attendance.** Consistent attendance at your therapist's prescribed frequency—often two to three visits per week—is essential to treatment progress. If you cannot reliably keep advance appointments or meet the cancellation deadline, request same-day appointments, subject to availability.

This policy is enforced consistently, subject to applicable law, required reasonable accommodations, and insurance agreements.

PATIENT ACKNOWLEDGMENT AND PAYMENT AUTHORIZATION

I have read, understand, and agree to this policy. I authorize PAPT to securely store my designated credit card through its payment processor and automatically charge $50 for each applicable late cancellation or no-show, including a qualifying late arrival, as described above. This authorization remains effective until withdrawn. To withdraw authorization for future charges, contact PAPT by phone or email; withdrawal does not cancel appointments or eliminate amounts otherwise owed.

Patient name: _____ **Date:** _____

Patient or parent/legal guardian signature: _____

Parent/legal guardian name, if applicable: _____

Cardholder name, if different: _____

Cardholder signature, if different: _____ **Date:** _____

Authorized card—last four digits only: _____

Office use only: ☐ Card saved in payment system Date: _____ Staff initials: _____ ☐ Scanned to chart