



P R O J E C T  
**WALK**<sup>®</sup>  
SPINAL CORD INJURY RECOVERY  
**DALLAS**  
A CERTIFIED FACILITY

## CANCELLATION POLICY

We understand that unanticipated events happen occasionally in everyone's life - doctor's appointments, things come up at work, issues with transportation, bad weather, illness...that may lead you to consider cancelling an appointment. In order for Project Walk Dallas to be efficient and fair to our clients and out of consideration for our Specialists' time, we have adopted the following policies in regards to scheduling and cancellations:

**24 HOUR ADVANCED NOTICE** must be given when cancelling an appointment. This allows us the opportunity to try and fill your scheduled appointment with another client that wants to work out. You will be credited in full for this missed appointment on your following month's invoice. If you are unable to give us 24 hours advance notice you will be charged in full for your appointment.

### **CANCELLATION CAP**

In a given month, you may cancel up to 2 scheduled appointments. When appointments are cancelled in excess of 2 sessions a month it is unfair to our Specialists and other clients. We put a lot of time and effort into pairing clients with Specialists and each scheduled appointment is carefully planned. When you continuously cancel appointments it makes it extremely difficult to effectively carry out our mission here at Project Walk. Any scheduled appointments cancelled in excess of 2/month will not be credited.

### **NO-SHOWS**

Anyone who either forgets or consciously chooses to forgo their scheduled appointment for whatever reason will be considered a no-show. You will be charged in full for this "missed" appointment and no credit will be given.

### **ARRIVING LATE**

Appointment times have been set at hour intervals for specific reasons. If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Regardless of the length of your actual session upon arriving late, you will be responsible for paying in full for the standard hour increment.

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

Print: \_\_\_\_\_

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