

## **PAYMENT GUARANTEE**

For and in consideration of services rendered, I do hereby agree to pay to Vista Rehab Services, the full and entire amount of any and all fees charged within 30 days from receipt of the bill. I assume the responsibility of submission of all bills to my insurance carrier for reimbursement purposes.

**Responsible Party Signature:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

## **CANCELLATION POLICY**

If a scheduled appointment must be canceled, it is necessary that you contact the therapist at least 24 hours in advance of the appointment. Except in cases of emergency or sudden illness, appointments not canceled within the above stated time period will be charged as though the session was held. This prior notification allows the therapist the opportunity to use the time as effectively as possible to provide services to other youngsters.

Your understanding, consideration and adherence to this policy is greatly appreciated.