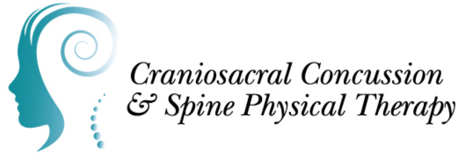

Cancellation Policy

Please give CCSPT 24 hours notice if you need to cancel or reschedule an appointment, to avoid a cancellation fee of $40. Fees will be waived in cases of emergency, illness, or hazardous roads.

I have read and understand this office policy.

Signature: ________________________________ Date: __________________________
Patient or guardian

Printed Name: ______________________________

Relationship to patient: ____ self _____ parent/guardian

Margaret Balhoff, PT, RCST
317 W. South Boulder Rd., Suite 3, Louisville, CO 80027
www.concussionpt.com