

KEEFE HAND THERAPY, INC.

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210 Jupiter Lakes Blvd.-Ste. 4201
Jupiter, FL 33458
(P) 561-295-5726 (F) 561-295-5865

NOTICE OF CANCELLATION POLICY

At Keefe Hand Therapy, our goal is to give each patient individualized care. After booking an appointment, please make every effort to keep that scheduled time. We understand that sometimes it is necessary for you to change your appointment. Out of consideration for others we kindly ask that you provide us with 24 hour notice, if you wish to change or cancel your appointment. Your account will be subject to a \$25.00 short notice cancellation fee if we are not given a 24-hour advance notice.

Signature: _____ Date: _____

INSURANCE RESPONSIBILITY

We make every attempt to verify your insurance benefits. You as the Patient are ultimately responsible for all co-pays, coinsurances, and visits your insurance may not cover.

Signature: _____ Date: _____