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### Cancellation Fee Waiver Request

Capstone Physical Therapy's late cancellation/no show policy is outlined in the financial policy provided to you at your initial visit. Cancellation fee waivers will be considered for extenuating circumstances on a case-by-case basis. Please complete the following form and email it to info@capstonept.com. Completion of this request does not guarantee a fee waiver. A determination will be made within 5 business days.

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Missed Appointment: \_\_\_\_\_

Reason for missed appointment:

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

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#### For Office Use Only

Visits attended: \_\_\_\_\_

Visits missed: \_\_\_\_\_

Notice given: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Determination: \_\_\_\_\_