

IHCA



CHSP Allied Health Services – Cancellation Policy (Client Version)

Provider : Intelligent Health Care Australia

1. Cancelling or Rescheduling Appointments

- Please give **at least 24 hours' notice** if you need to cancel or change your appointment.
- Contact us via **phone or email** to notify us.

2. Late Cancellations & No-Shows

- Cancelling with **less than 24 hours' notice** or **not attending** your appointment may result in a **cancellation fee**, usually equal to the service cost.

3. Exceptions

- Fees may be **waived** in cases such as sudden illness, hospitalisation, or other emergencies.

4. Your Responsibility

- Be ready and available at the agreed time and location.
- If the provider arrives and you are not ready without prior notice, it may count as a **late cancellation**.

5. Acknowledgment

I have read, understood, and agree to follow this cancellation policy.

Client Name: _____

Signature: _____

Date: _____

Intelligent Health Care Australia

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