Therapy Unlimited, LLC

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Fax: (248) 465-6059

26751 Southfield Road Lathrup Village, MI 48076 Phone: (248) 443-5400

Fax: (248) 443-0100

ACKNOWLEDGEMENT

The undersigned hereby acknowledges that when an appointment is made with personnel of Therapy Unlimited, LLC ("Company"), the personnel are allocated to handle that specific time period and Company advises other patients of the Company that the time is not available. When a patient cancels without notification to the Company, the Company then has a waste of personnel time for which the Company cannot charge the insurance carrier. Consequently, for your failure to appear for your appointment at the prescheduled date and time, the Company will charge you a \$50.00 cancellation fee, unless you have notified the Company of the cancellation of your appointment more than twenty-four (24) hours before the scheduled appointment.

I hereby agree and consent to the foregoing. (Signature of Patient) Dated: _____