



CANCELLATION and “NO-SHOW” POLICY

It is important to us and to the other clients we are serving that you adhere to your scheduled appointments. This can make the difference between succeeding in your treatment or not.

If you must cancel an appointment, we ask you to call 24 hours in advance. When you call in, have an alternative time in mind that will ensure you receive the full prescribed number of treatments that week. You can leave messages in our answering machine in the event that we are not available.

You will be charged a \$ 25.00 fee (initial _____) for each missed appointment or if you fail to notify us within 24 hours. This charge is not covered by your insurance, but will have to be paid by you personally. This fee must be paid prior to the provision of any further treatments.

Three missed appointments will be considered a valid reason for discharge due to non-compliance and inconsistent attendance (initial _____).

This determination will be made at the discretion of the treating physical therapist. Documentation of any missed visits will be forwarded to your primary physician and case managers and may jeopardize your claim. Future appointments scheduled will need to be rescheduled as to allow choice of timeslots for more consistent patients.

Please understand that your pain will increase or decrease as your course of treatment progresses and this is not a good reason not to come in. If you are in pain, come in and have it treated. If you are out of pain, it is a good time to progress with treatment, begin education and correction of the underlying causes of your condition, so you won't re-injure yourself.

Please cooperate with us on this matter. We are looking forward to working with you.

Patient Name and Signature

Date