



Cancellation and No-Show Policy

The following are our policies regarding cancellations and no-shows. We take this subject seriously, because it can make the difference whether you succeed in your treatment or not. Usually your referring doctor and/or therapist have prescribed a set frequency of treatment. Showing up for these scheduled visits is your most important job. Other than that, all you need to do is follow your therapist's instructions and we will be able to help you achieve your goals in treatment.

- We require 24 hours notice in the event of a cancellation. It is your responsibility when you call in to have an alternative time in mind that will ensure you get in the fully prescribed number of treatments that week whenever possible.
- There is a \$35 charge for any cancellation without prior notice. After three missed appointments there will be a \$75 charge for each appointment missed thereafter. These charges will not be covered by insurance, but will be your responsibility. Each patient will be granted one (1) grace visit before this charge applies. After three (3) missed appointments, your chart will be evaluated for possible discharge from the practice
- For Worker's Compensation and Personal Injury patients, documentation of any missed appointments is forwarded to your case manager or primary care physician, and this could jeopardize your claim.
- Please understand that your pain will probably increase and decrease as your course of treatment progresses and before it is finally erased. Either condition can seem to be a reason not to come in:
 - You are feeling worse and think the treatment is not working for you
 - You are feeling better and think it's a great day for wind-surfingNeither of these conditions is a legitimate reason not to come in:
 - If you are in pain, come in and get it fixed or
 - If you are out of pain, now is the time that we can begin doing some real correction of the underlining causes of your problem, educate you so you won't re-injure yourself, etc

When you don't show as scheduled, three people are hurt, you because you don't get the treatment you need as prescribed by the doctor and/or PT, the PT who now has a space in their schedule since the time was reserved for you personally, and another patient who could have been scheduled for treatment if you had given proper notice.

Please co-operate with us in this regard. We are looking forward to working with you!!!

I UNDERSTAND AND AGREE TO THESE POLICIES.

Signature of patient (or parent/guardian) _____ Date: _____

Print Patient's Name / DOB: _____