**Please read the following policy to better help us, help you.**

1. As experts, we know that you will not get better if you do not attend your appointment. When you call to cancel an appointment, we expect that you will have other times available so we can reschedule you right away.

2. We require that you cancel any appointment that you cannot make with no less than 24 hours notice. We will get you rescheduled at that time. If you know you cannot make your appointment and it is after our business hours, please note that you can still call as we roll our phones every night and will receive your message. Calling after hours and leaving a message the day before is better than calling the morning of your appointment.

3. While we understand that illness can strike at anytime, repeated cancellations for illness without 24 hours notice will not be an accepted excuse for untimely notice.

4. For all appointments, we expect that you will arrive on time, dressed for your session, and ready to begin at your scheduled treatment time.

5. While traffic can be unpredictable, we expect that you will call us immediately if you are running late for your scheduled appointment so we can be prepared for your late arrival.

6. Please also be aware that if you are late for your appointment, you are missing the time that we have specifically scheduled for your care and we cannot guarantee that we will be able to provide you with your full treatment as we have reserved the appointment time following yours for someone else. Chronically late patients will be asked to change their appointment times.

7. Please note, we charge a $25 missed visit fee for no-shows and cancellations with less than 24 hours notice. This amount is your responsibility as insurance will not cover a missed visit fee. To avoid the $25 fee, call the office to reschedule any appointments you cannot attend 24 hours in advance.

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Thank you for reviewing this policy. We look forward to working with you to meet your physical therapy goals. I have read this policy and by signing below I am indicating that I understand and will adhere to this policy.

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Patient Signature Patient Name Date