Effective: January 1, 2020

No-Show / Cancellation Policy

Please Read Carefully

We realize that emergencies and other scheduling conflicts arise and are sometimes unavoidable. However, advance notification allows us to fulfill other patient's scheduling needs and keeps the clinic operating efficiently. Due to our one-on-one treatments, missed appointments are an inconvenience to your personal recovery, the clinic, and other patients.

We reserve your appointment just for you. A 24-hour notice allows us to place another patient in your cancelled appointment slot to receive needed treatment.

Certain accident claims adjusters expect regular attendance to physical therapy as a requirement of an approved treatment plan. If appointments are missed or cancelled on a regular basis, it could affect the status of your claim. Your treatment plan has been established by your medical practitioners to get you back to your regular activities as quickly as possible. Missing appointments hinders that process and may end up prolonging recovery.

Therefore, we humbly require the following:

1. Patients must provide our office with 24-hour notice to change or cancel an appointment. Patients whom do not attend a scheduled appointment or do not provide 24-hour notice to change a scheduled appointment will be responsible for a **$50** office visit charge. This charge cannot be billed to insurance and must be paid on or before the next scheduled appointment.
2. After missing two appointments without notice, all your future appointments will be cancelled. You will be able to only schedule future treatment appointments on the same day. In other words, this policy would prevent you from scheduling any appointments a day or more in advance.
3. If you are greater than 15 minutes late, you will be charged a **$50** fee and your appointment will be cancelled.

Thank you for providing our office and our patients with this courtesy.

Signing below indicates you understand and agree to the terms of this policy.

_____ _____

Signature of Patient Date

_____ _____

Signature of Responsible Party (if applicable) Date