



## Missed Appointment / 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 at an efficient level. In order to continue to provide our patients with personalized treatments, it is imperative that our patients communicate any scheduling issues to us as far in advance as possible as missed appointments significantly impact your progress and impact the clinic as well as other patients.

1. Please contact our office by noon the business day before your appointment in order to make a change or cancel. Patients who do not attend a scheduled appointment or do not provide the proper notice to change a scheduled appointment may be responsible for a \$50.00 office visit charge. This charge cannot be billed to insurance and must be paid on or before the next scheduled appointment.
2. We reserve your appointment time just for you. Contacting us by noon the day before allows us to place another patient in your cancelled appointment period to received needed treatment.
3. 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. In addition, 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.
4. After missing three appointments without notice, you may be placed on a same day scheduling policy for your treatments, which would not allow you to schedule any appointments in advance.

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