

ATTENDANCE POLICY AND CANCELLATION OF APPOINTMENTS

We, as the provider of rehabilitation therapy, strive to provide the highest quality of care while attempting to accommodate each patient's schedule. Therefore, we provide each patient a reserved time slot with a specific therapist in order to minimize wait time and assure continuity of treatment. Consistent attendance and adherence to the planned treatment regimen is paramount to your care and recovery.

While we are sensitive to the fact that an emergency may occur, cancellations, tardiness and absences reduce our ability to accommodate the scheduling needs of our patients. As such, we request your full cooperation with the following company policy:

- If a patient is more than 15 minutes late for an appointment and fails to notify the clinic of the tardiness, treatment may be cancelled and a **cancellation fee** charged for missing the appointment.
- A scheduled appointment must be cancelled at least 24 hours in advance or a **cancellation fee** may be charged for that appointment.
- Failure to show up for a scheduled appointment without providing the clinic advanced notification of your absence may result in a **cancellation fee** being charged for that appointment. Furthermore, 2 consecutive absences without advanced notification may result in the cancellation of all your remaining scheduled appointments; as such failures may negatively impact your treatment plan.
- Patients that cancel a scheduled appointment less than 24 hours in advance, are late to an appointment or absent from a scheduled appointment will be charged a \$25 **cancellation fee**. The patient is responsible for the **cancellation fee**, not the insurance company or third party payor. Please note that a **cancellation fee** will not be charged if the missed appointment is rescheduled within a week of the tardiness, absence or late cancellation and another appointment was not previously scheduled
- Repeated failure to comply with this policy will result in your appointments being scheduled based on availability, which may require you to call for an appointment on the day you would like to receive therapy.

I read and understand the above attendance policy.

Patient/Guardian Signature: _____ Date: _____