CANCELLATION / NO SHOW POLICY

Thank you for choosing us for your physical therapy needs. On your first visit, one of our physical therapists will perform an evaluation with you and discuss your plan for recovery. This will include determining the frequency of care that will best allow you to meet your goals for recovery. It is important to maintain consistency in your care to best meet your goals.

If you are unable to attend one of your appointments, please kindly provide us with ***24 hours’ notice*** so that we may be able to fill the available scheduling void. You may be asked to reschedule the missed visit within the week if possible. Please call if you are going to be late to see if the schedule can be accommodated.

If you do not call to cancel and fail to show up for your appointment, ***we reserve the right to charge a $40.00 no show fee for each instance in which this occurs*.**

Thank you for your cooperation with this this policy. The goal is for your care and the care of our other clients to be as seamless and unobstructed as possible. We look forward to treating you.

***I understand the above policy and will ask for clarification when needed.***

Patient signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_