



DYNATEST, INC.

Attendance Policy

Dynatest Inc strives to provide each patient with the highest quality of care while attempting to accommodate your schedule for your convenience. Therefore, we provide reserved time slots for each patient in order to minimize your waiting and assure continuity of your treatment. Your consistent attendance of the planned treatment regimen is paramount to your full recovery.

While we are sensitive to the fact that an emergency may occur in a rare instance, last minute cancelations and patient “no shows” decrease our ability to accommodate the scheduling needs of other patients.

We ask for your full cooperation and that you **READ THE FOLLOWING CAREFULLY.**

- If you are more than 15 minutes late for your scheduled appointment and fail to notify us, the appointment may be subject to cancelation and a fee charge of \$30.
- The scheduled appointment must be canceled and rescheduled at least 30 minutes prior to the scheduled appointment or the patient may be subject to a fee charge of \$30.
- Failure to show up for an appointment (“no show”) without notifying us may result in a fee of \$30 being charged to the patient.
- All cancelations and “no shows” will be documented in your medical record and appropriately reported to your physician and insurance/third party payor.
- **THE PATIENT IS RESPONSIBLE FOR ALL CANCELATION AND “NO SHOW” FEES NOT THE INSURANCE /THIRD PARTY PAYOR.**

We believe that this policy is necessary for the benefit of all our patients, so that we may continue to provide high quality treatment and service to everyone.

All of the staff at **Dynatest, Inc** appreciates your adherence and cooperation with this policy. We wish you the best of luck with your treatment and recovery. We are here to help you attain all of your goals and optimize your return to all of your pre-injury/surgery activities.

Patient Name: _____ (please print)

Patient/Guardian Signature: _____ **Date of Signature:** ____ / ____ / ____
