

PERFORMANCE PHYSICAL THERAPY & SPORTSLAB

CANCELLATION/SCHEDULING POLICY

CANCELLATION POLICY: IF YOU ARE NOT ABLE TO KEEP ONE OR MORE OF YOUR APPOINTMENTS, PERFORMANCE PHYSICAL THERAPY & SPORTSLAB ASKS THAT YOU GIVE AT A MINIMUM 24-HOUR NOTICE OF YOUR CANCELLATION. WE WILL DO OUR BEST TO RESCHEDULE YOU FOR THAT SAME WEEK.

INITIAL _____

NO-SHOW NOTICE: YOU WILL INCUR A FEE OF \$40.00 IF YOU DO NOT KEEP YOUR APPOINTMENT AND FAIL TO GIVE PERFORMANCE PHYSICAL THERAPY & SPORTSLAB THE MINIMUM 24-HOUR NOTICE. THE ONLY EXCEPTION TO THE NO-SHOW FEE IS IN THE CASE OF AN EMERGENCY. PLEASE BE AWARE THAT YOU WILL BE HELD RESPONSIBLE FOR THIS FEE AS YOUR INSURANCE WILL NOT COVER IT. IF REPEAT CANCELLATIONS OR NO-SHOWS OCCUR, WE RESERVE THE RIGHT TO DISCONTINUE CARE AND WILL INFORM YOUR PHYSICIAN, ATTORNEY, CASE WORKER AND/OR INSURANCE COMPANY THAT YOUR SERVICE HAS BEEN DISCONTINUED DUE TO NON-COMPLIANCE WITH THE PRESCRIBED REHABILITATION ORDER.

INITIAL _____

SCHEDULING: IT IS CRITICAL FOR YOU TO BE ON TIME OR EARLY FOR YOUR APPOINTMENT OUT OF RESPECT FOR YOUR PHYSICAL THERAPIST AND FOR THE PATIENTS WHO MAY HAVE APPOINTMENT TIMES FOLLOWING YOU. IF YOU ARRIVE LATE FOR YOUR TREATMENT, THE PHYSICAL THERAPIST HAS THE RIGHT TO CANCEL YOUR APPOINTMENT AND RESCHEDULE FOR ANOTHER TIME OR DAY.

INITIAL _____

DOCTOR VISITS: YOUR DOCTOR REQUESTS REPORTS OF YOUR PROGRESS FROM YOUR PHYSICAL THERAPIST. IN ORDER TO COMPLY WITH YOUR DOCTOR'S REQUEST, PLEASE PROVIDE US AT LEAST ONE (1) WEEK NOTICE PRIOR TO WHEN YOU ARE SCHEDULED FOR YOUR NEXT DOCTOR'S VISIT.

INITIAL _____

SIGNATURE OF PATIENT _____ DATE _____