

To Our Patients Regarding Cancellations and No-Shows

The following are our policies regarding cancellations and no-shows. We take this subject seriously at the clinic because it can make the difference between whether you succeed in your treatment or not. **Usually your referring doctor and/or your therapist have prescribed a set frequency of treatment. Showing up as scheduled for these visits is your most important job.** Other than that, all you need to do is follow your therapist's instructions and we will be able to help you achieve your goals in treatment.

_____ We require 24 hours notice in the event of a cancellation. It is your responsibility, when you call in, to have an alternative time in mind that will ensure you get in the full prescribed number of treatments that week whenever possible.

_____ There is a \$50 charge for a cancellation without proper notice. This charge will not be covered by insurance but will have to be paid by you personally.

_____ **For Worker's compensation and Personal Injury patients documentation of any missed appointments is forwarded to your Case Manager and Primary Physician and this could jeopardize your claim.**

_____ Please understand that your pain will probably increase and decrease as you course of treatment progresses and before it is finally erased. Either condition can seem to be a reason not to come in: **A.) you're feeling worse and think the treatment is not working or B.) You're feeling better and it's a great day for wind-surfing. Neither of these conditions is a legitimate as a reason not to come: A.) If you're in pain, come in an get it fixed, B.) If you're out of pain, now is the time that we can begin doing some real correction of the underlying causes of your problem, and educate you so you won't re-injure yourself, ect.**

When you don't show as scheduled, three people are hurt: you because you don't get the treatment you need as prescribed by the doctor and/or PT; the therapist who now has a space in their schedule since the time was reserved for you personally; and another patient who could have been scheduled for treatment if you had given proper notice.

Please cooperate with us in this regard. We're looking forward to working with you.

Print Name

Signature

Date