

Dear Patient:

It is the expectation at the time any appointment for physical therapy is made that you have all good intentions of keeping that appointment. It is also the expectation that your physical therapy staff will do all within their power to accommodate any special scheduling needs such as specific times of the day due to work or special events. By the same token, we need you to understand from the time of the original evaluation that success towards achievement of any of your rehabilitation goals requires your attendance and diligent efforts. Failure to attend scheduled appointments creates the risk of not fulfilling those goals, and may impact on other patients who may not be able to get scheduled a particular day because there may be no open appointments. It is recognized by management that on occasion, patients may need to cancel, but it is hoped that this is a rare event, and not a repeated one.

For the benefit of all of our patients who need to have their appointments at specific times we have instituted a cancellation fee for those who have repeatedly cancelled or failed to show for appointments without notifying this office at least 24 hours in advance. The Clinical Director may therefore charge a cancellation fee of \$40.00 for failure to notify us of your inability to attend with such proper notice. It is our policy that no such fee shall be assessed the first time this occurs. It is for repeated cancellations where no notice or insufficient notice is provided so that we may assign that time to someone who may need it.

Only the Clinical Director has the authority to waive cancellation fees based on extraordinary circumstances, and a copy of our cancellation policy is available at the facility.

Thank you for understanding our desire to have all patients be scheduled at the times they require and for expecting our patients who do have a conflict to provide adequate notice.

Sincerely,

Clinical Director

Patient signature is an acknowledgement of cancellation policy.

Signature of patient _____ Date _____