

PHYSICAL THERAPY CENTER OF ROCKY HILL

ATTENDANCE POLICY

Physical Therapy Center strives to provide each patient with the highest quality of care while attempting to accommodate your schedule for your convenience. Good attendance is essential to receive the most benefit from the therapy program. We understand emergencies and other scheduling conflicts arise and are sometimes unavoidable, cancellations, especially last minute ones, along with patient no-shows, decrease our ability to accommodate the scheduling needs of the other patients. Appointments are in high demand, and your early cancellation will give another person the possibility to have access to timely medical care. We must ask for your full cooperation with the following policy,

- A scheduled appointment **MUST BE CANCELLED AT LEAST 24 HOURS IN ADVANCE** or a fee of **\$25.00** will be charged for that appointment.
- Failure to not show up for an appointment (**NO SHOW**) without notifying us will result in a fee of **\$50.00** charged for that appointment. Furthermore, 3 consecutive no-shows will result in the cancellation of all remaining scheduled appointments.
- All cancellations and no-shows will be documented in your medical record and appropriately reported to your physician and insurance.

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.

X_____

Patient/ Legal Representative Signature

Date

If signed by the Legal Representative, indicate your relationship to the patient below:

Parent Guardian Conservator * Executor of Estate * Power of Attorney*

Other*_____