

TO OUR PATIENTS REGARDING CANCELLATIONS AND NO SHOWS

Thank you for trusting us with your health! Our mission at Advanced Physical Therapy is to help create and support a community that lives an active and healthy lifestyle. We are committed to this mission and look forward to working with you. To achieve the best possible outcome, we and/or your doctor have recommended an individualized treatment schedule. We promise that 100% of our effort will go into your rehabilitation, but we need 100% from you as well. We encourage you to be consistent with your appointments because continuous therapy brings faster results. With this in mind, please take a moment to review the guidelines we have put in place to ensure that you get the most out of your experience at Advanced Physical Therapy.

Appointment times are reserved exclusively for you. If you are unable to keep your appointment, we request that you call at least 24 hours in advance to allow us to offer that time to another patient in need of treatment. Please keep in mind that not only you, but also our other patients and our staff are affected by your failure to keep appointments. Our primary goal is to help you get better. Your full participation is critical in helping you reach this goal.

The following charges will be applied for cancellations and missed appointment (no shows):

- **Cancellations with less than 24 hours notice: \$25**
- **Missed Appointment/No Show: \$50**

These charges are not covered by health insurance benefits and are the responsibility of the patient/responsible party.

We realize that circumstances outside of your control arise on occasion and we will take this into consideration before assessing the fee.

Three late cancellations or no shows in a 30-day period will result in your discharge from the therapy program. You will be required to obtain a new order from the referring physician before any further appointments can be scheduled.

Please DO NOT CANCEL if you are feeling worse and believe the treatment is not working. Keep your appointment and discuss any changes with your therapist. Please understand that your pain will fluctuate as your course of treatment progresses.

Please DO NOT CANCEL if you are feeling better. Keep your appointment to progress your plan and prepare for discharge.

We appreciate the opportunity to provide you the best care. Thank you for your consideration of our staff and other patients.

I understand and agree to the terms of this policy and understand my responsibility to plan appointments accordingly and notify APT appropriately if I have difficulty fulfilling my scheduled appointments.

Patient/Responsible Party

Date