

# Suburban Physical Therapy

Accessibility. Experience. Results.

Effective 01/01/15

## Please Read Carefully

In order to ensure that our patients receive timely physical therapy services, Suburban Physical Therapy has instituted an appointment cancellation/"no show" policy for all physical therapy appointments. Please read the policy below and sign in the space provided.

### **"NO SHOW"/CANCELLATION POLICY**

In today's hectic world, unplanned issues come up for all of us. At Suburban Physical Therapy, we will gladly reschedule your appointment up until 24 hours before your appointment. In other words, you must cancel your scheduled appointment by calling us a minimum of 24 hours in advance. That way, the open slot can be filled with someone needing an appointment.

**Cancellation Fees:** Failure to provide the required 24 hours notice will result in missed appointment fees. These fees are not covered by insurance carriers or Medicare and will be your responsibility to pay before or at the time of your next visit.

\$25 fee for cancelling less than 24 hours in advance;

\$50 fee if you do not call to cancel your appointment and do not show up;

We reserve the right to waive these fees in cases of unavoidable emergencies.

**Waiting List:** Three consecutive cancellations or "no-shows" will result in being put on the waiting list for your next appointment. You will not be allowed to schedule an appointment ahead of time. You will have to call in on the day you want to be seen and **if an appointment is available**, you will be scheduled for that day.

**Possible Discharge from Physical Therapy:** Three consecutive "no-shows" will result in automatic discharge from physical therapy due to non-compliance with your treatment plan.

The Suburban Physical Therapy cancellation/"no show" policy is designed to open otherwise unused appointments for our patients, not to collect missed appointment fees. Your cooperation and consideration are appreciated.

I \_\_\_\_\_, agree to comply with this policy.  
(please print name)

\_\_\_\_\_  
Signature (patient or guardian)

\_\_\_\_\_  
Date