

PATIENT CANCELLATION AND NO-SHOW POLICY

Your scheduled appointment is a specific time when your therapist will spend time with you. It is extremely important to be **timely**.

_____(Initial) If you are unable to attend, **YOU MUST NOTIFY US IN ADVANCE, OTHERWISE WE RESERVE THE RIGHT TO CHARGE A \$50.00 MISSED APPOINTMENT FEE.**

_____(Initial) This charge is not covered by any insurance plan; therefore you will be personally responsible for this fee on your next visit. Failure to attend your session may hinder your recovery progress as well as disrupt the schedule of the therapist.

_____(Initial) **CANCELLATION OR FAILURE TO ATTEND THREE CONSECUTIVE APPOINTMENTS MAY RESULT IN TERMINATION OF YOUR THERAPY.** Once therapy is terminated due to non-compliance, you must see your physician for a new referral and obtain authorization from your insurance company to re-start.

_____(Initial) **Peninsula P.T. reserves the right to reschedule your appointment if you are late 20 minutes or more for your reserved time.**

_____(Initial) IF YOU ARE TREATED UNDER WORKER'S COMPENSATION INSURANCE, we will notify your physician and case manager in writing of each missed visit (Cancellation or No-Show). Each cancellation and No-Show will also be documented in your medical chart. Please understand that failure to actively participate in your rehabilitation program may give the impression that you are disinterested in your recovery or are feeling better and able to return to work. Failure to attend may have a negative effect on your worker's compensation case.

THANK YOU FOR YOUR ASSISTANCE.

Patient signature: _____

Therapist signature: _____

Date: _____