

PREMIER
Physical Therapy

PATIENT MISSED APPOINTMENT POLICY

We strive to provide our patients with the utmost professionalism and excellence of service. Our commitment to your well-being and the gain of your physical abilities is something that everyone in our clinic takes quite seriously.

Because we care so much about you we realize that it would be a disservice to you if we did not emphasize the importance of your own commitment to the care you need to receive and to the actions we ask you to do.

Your adherence to the recommended number of treatments is a vital component of your progress with our services; therefore, we have certain rules that need to be followed in order to ensure the most optimum results.

We expect you to keep all your appointments. Write down the time of your visits so that you do not forget.

With the exception of serious emergencies, it is expected that you keep all your appointments. If you need to re-schedule an appointment, we require a 24 hour notice. In such a case, please call our office and arrange for a make-up appointment with our Front Desk Receptionist. The make-up appointment needs to be in the same week, preferable the very next day.

In an instance of a cancellation without 24 hour notice or no-show to a scheduled appointment, we reserve the right to charge you an \$85.00 fee. If we do not hear from you within 24 hours of that missed appointment, we will cancel the following appointments and refrain from scheduling further ones until we hear from you.

In instances of repeated non-compliance with your scheduled visits, we also reserve the right to discontinue care and will inform your physician of the fact that your service has been discontinued due to non-compliance with the prescribed rehabilitation order. If you arrive for your appointment fifteen minutes late and we cannot reschedule you to a later appointment, you will be responsible for the \$85 fee.

We appreciate you greatly as our patient and strive to accomplish wonderful results and success for you.

I have read and understand this policy:

Patient Signature

Date

Representative / Witness

Date