

## To Our Patients Regarding Our Cancellation and No-show Policy

We take this subject seriously at the clinic, because it can make the difference between whether you succeed in your treatment or not. Usually your referring doctor and/or your therapist have prescribed a set frequency of treatment. Showing up as scheduled for these visits is your most important job. *In addition, we would appreciate it if you could make every effort to be on time in order to keep your therapist's schedule running smoothly.*

- We require a **24-hour notice** in the event of cancellation. It is your responsibility, when you call in, to have an alternative time in mind that will ensure you get in the full prescribed number of treatments that week whenever possible. (In some cases, this may not work since some forms of treatment do not work well if given two sequential days.)
- There is a **\$45 charge for a cancellation without proper notice**. This charge will not be covered by insurance, but will have to be paid by you personally.
- Please understand that your pain will probably increase and decrease as your course of treatment progresses and before it is finally released. Either condition can seem to be a reason not to come in: a) you're feeling worse and think the treatment is not working, or b) you're feeling better and it's a great day for skiing. Neither of these conditions is legitimate as a reason not to come: a) if you're in pain, come in and get it fixed, b) if you're out of pain, now is the time that we can begin doing some real correction of the underlying causes of your problem, educate you so you won't re-injure yourself, etc.

**When a patient doesn't show as scheduled, three people are hurt:**

- 1) The patient; they don't receive the treatment that was prescribed.
- 2) The therapist; has a gap where your time was reserved in their schedule.
- 3) Another patient; who could have been scheduled for treatment if there had been proper notice.

Please cooperate with us in this regard and we will have you out of pain and back to full function swiftly. We're looking forward to working with you.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interviewer Signature

\_\_\_\_\_  
Date