



Cancellation / No Show Policy

*** _____ (initials) *Please do not self-discharge.* Success in rehab depends upon keeping the prescribed number and frequency of visits: *consistent attendance results in the most expedient and best outcome.* Just as it is important to finish a course of antibiotics for effective treatment, so too is it imperative to finish a full course of physical therapy treatments. Having pain or other symptoms from rehab could be a normal occurrence in your care, or it could signal something else: this is critical for the PT/PTA to assess, and you should not cancel because of symptoms. Likewise, if you become symptom-free and don't feel the need for further therapy, a visit allows the clinician to assess the proper time to discharge from Renew Physiotherapy.

*** _____ (initials) Additionally, *we are not a high volume clinic.* We have designed our practice that way on purpose so that YOU get the individualized care that YOU need. We pride ourselves on providing a very high level of care and one way that we do that is by *intentionally limiting the number of patients we see each day.* Clinicians have appointments scheduled back-to-back, and often there is a waiting list of patients who need and want an appointment in physical therapy. If you do not show, or you cancel an appointment too late, then another patient loses an opportunity to be seen from our waiting list.

*** _____ (initials) Therefore, in an effort to keep your care on track, maintain productive schedules at Renew Physiotherapy, and give all patients an opportunity to be seen, Renew Physiotherapy *requires 24-hour notice for the cancellation of all scheduled appointments.*

*** _____ (initials) *There is a \$25 fee for a cancellation without 24 hour notice and a \$35 fee for a "no show"* (not showing up for an appointment without any communication). THIS FEE WILL NOT BE COVERED BY YOUR INSURANCE CARRIER. *It is your responsibility and applies to ALL patients.*

*** _____ (initials) After two missed appointments or three cancelled appointments, you may either be discharged from therapy or *restricted to day-of-only appointment scheduling.*

*** _____ (initials) We understand that extenuating circumstances sometimes occur, which is why we have implemented a "one-strike" policy: we will allow one cancellation before charging a fee.

*** _____ (initials) A detailed progress report will be sent to your referring MD upon discharge from physical therapy.

Agreement

I understand the Renew Physiotherapy Cancellation/No Show Policy and my responsibility to plan appointments accordingly. I will notify Renew Physiotherapy if I have difficulty fulfilling my scheduled appointments.

I consent to the above, as indicated by my signature below:

Print Name

Signature

Date

Witness Name

Witness Signature

Date