# CANCELLATION AND NO-SHOW POLICY

Cancellations/No-Shows is a serious subject at our clinic, because it can make the difference between whether you succeed in your recovery or not. Usually your referring doctor and/or your therapist have prescribed a specific number of treatments. Showing up as scheduled is one of your most important responsibilities. Please cooperate with us in this regard and we will have you out of pain and feeling better soon. We look forward to working with you!

* **In the event of a cancellation, we require a phone call prior to your scheduled visit time**. When you call, have an alternative time in mind to assure that you are seen the prescribed number of visits that week.

* **There is a $20 charge for a cancellation without proper notice or for not showing for a scheduled visit**. This charge will not be covered by our insurance company, but will have to be paid by you personally.

The following may be examples of why you feel you should not attend your scheduled therapy appointment:

A. You are feeling worse and think treatment is not working.
B. You are feeling better and do not feel you need to come in for treatment.

Neither of these reasons is a legitimate reason to not keep your scheduled appointment because:

A. If you are in pain, we can help to decrease the pain you may be experiencing.
B. If you don't have pain, your program can now be progressed to address some of the underlying causes of your problem and educate you to avoid re-injury.

When a patient does not show up for their scheduled appointment 3 people lose:

1. You, the patient, because you are not getting the needed treatment as prescribed by your doctor and/or therapist.
2. The therapist who now has an empty space in their schedule since that time was reserved for you personally.
3. Another patient who could have been scheduled to receive treatment if there had been proper notice.

I have read the above policy regarding cancellations/no-shows and understand my responsibilities.

Name (Printed:)_____Name (Signed):_____

Date:_____