SOUTHERN PHYSICAL AND OCCUPATIONAL THERAPY SERVICES, INC.

IMPORTANT INFORMATION REGARDING MISSED APPOINTMENTS (Cancellations/No-Shows)

You play the biggest role in the success or failure of your treatment. We have found that the following is crucial in ensuring a positive outcome:

- **Attending your scheduled appointments**
- **Following and performing home programs (if applicable)**
- **Following Physician and PT recommendations and instructions**
- **Contacting your therapist if a difficulty arises with your treatment**

We take cancellations and no-shows seriously at this clinic as it affects the success of your treatment.

We require **24 hour notice for all cancellations. It is your responsibility when you call to have an alternative time in mind to reschedule.

Failure to provide 24 hour notice may result in a $35.00 cancellation fee.
(24 hours means 24 business hours, weekend cancellations for Monday appointments will be charged.)
This charge WILL NOT be covered by insurance, and will have to be paid by you personally.

No-shows will be an automatic $50 charge.
"No-shows" are when a patient is not here or has not contacted us before the appointment start time.

**For worker's Compensation and Personal Injury patients, documentation of any missed appointment is forwarded to your Case Manager and Primary Care Physician, which could jeopardize your claim.

**Please understand that your pain may increase and decrease as your course of treatment progresses. Either example can seem to be a reason not to keep your appointment:

1. You're feeling worse and think the treatment is not working or making you worse
2. You're feeling better and think you don't need to come anymore

Neither of these are legitimate reasons not to come.

When you do not come to your scheduled appointment three people are hurt: YOU because you don't get the treatment you need as prescribed by the doctor; the THERAPIST who now has a space in their schedule since the time was reserved for you personally; and ANOTHER PATIENT who could have been scheduled for treatment if you had given proper notice.

We ask for your cooperation regarding this issue and we look forward to working with you.

I have read and understand this policy.

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Patient Signature Date

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