



ATTENDANCE POLICY

Thank you for making Elevate Physical Therapy Fitness and Performance your choice for Physical Therapy care. It is a priority for all our staff to do everything in their power to provide exceptional service from start to finish to help you reach your goals. But we can't do it alone. We recognize that there is a direct correlation between consistent attendance and improved outcomes.

It is very important for you to attend EVERY appointment in order for you to attain your Physical Therapy goals as quickly and efficiently as possible.

Here are some tips for making sure you attend all your scheduled visits:

1. **PLAN AHEAD.** When scheduling your appointments, write it in your calendar, or create a reminder in your phone to make sure that you don't miss your appointment.
2. **BE PROACTIVE.** When you receive your reminder, please respond immediately to confirm and if you are unable to attend, let the office know right away.
3. **BE AWARE.** Though the scheduling program is automated to send a reminder, there can sometimes be a glitch in the system. **It is your responsibility to know when your appointment is, to check with the clinic to confirm if needed, and to arrive on time.**
____ (INITIAL HERE)

If late cancellations or late arrivals to scheduled appointments become a chronic occurrence, we reserve the right to cancel upcoming appointments. We realize that emergencies and other scheduling conflicts arise and are sometimes unavoidable, however, advance notification allows us to fulfill other patient scheduling needs and keeps the clinic operating at its most efficient level. Please contact our office manager if you have any questions. Cancellations may be made via phoning our office. If after hours, please leave a voicemail.

All cancellations and no-shows will be documented in your medical record and appropriately reported to your physician and insurance/third party payor.

To avoid paying a late cancel, no show or late arrival fee, Elevate Physical Therapy Fitness and Performance requires 24-hour notice to cancel or reschedule your appointment. ____ (INITIAL HERE)

Fees.

Patients who late cancel, no show, or are a late arrival and are unable to be seen will be charged a **\$65 fee** for the missed appointment. **The patient is responsible for the fee, not the insurance/third party payor.** _____ **(INITIAL HERE)** Insurance does not pay for missed appointments or late arrivals.

Defining cancellations and no shows:

- **Late Cancellation-** Appointment is cancelled within 24 hours of scheduled appointment.
- **No Show-** Patient cancels within 2 hours of appointment or does not show up for scheduled appointment.
- **Late Arrival-** Patient arrives more than 10 minutes late.

Reasons for removal from the schedule include:

- Excessive late cancellations (after 2nd incident)
- No shows (after 2nd incident)
- A combination of late cancellations and no shows (after 2nd incident)
- Repeated late arrivals (more than 10 minutes late) (after 2nd incident)

****Please DO NOT CANCEL IF YOU ARE HURTING!! Or likewise if you are feeling better.****
****Please keep your appointments and discuss these changes with your therapist.****

How would you like to be contacted for appointment reminders?
(Please select only one option below)

Email: _____

Mobile Text: _____

Automated Call: _____

Acknowledgement of receipt.

Patient Name: _____

Patient Signature: _____

Today's Date: _____