

# Osprey Physical Therapy & Sports Medicine

Soaring Together In Your Health and Wellness



## To Our Patients Regarding Cancellations and No-Shows

The following are our policies regarding cancellations and no-shows. We take this subject seriously at this clinic because it can make a difference between whether you succeed in your treatment or not. Either your therapist or your referring doctor will/has prescribed a set frequency of treatment visits and showing up as scheduled for these visits is your most important job. Other than that, all you need to do is follow our therapist's instructions and we will be able to help you achieve your goals in treatment.

If it is necessary for you to reschedule an appointment, please call at least 24 hours in advance. When you call, please be prepared to reschedule that appointment to ensure you get in the full-prescribed number of treatments that week.

Please be on time for all of your scheduled appointments, even five minutes early is best. If you arrive 10 minutes after your treatment time, you may not be seen for your appointment. This appointment may be counted as a cancellation without prior notice.

There is a \$40 service fee for two (2) no-shows or cancellations without prior notice. This charge will not be covered by insurance and a bill will be sent to you directly. If you no-show or cancel without proper notice a third time, you will be billed a \$40 service fee and discharged back to your referring physician with an explanation.

For Worker's Compensation and Personal Injury patients, documentation of any missed appointments is forwarded to your Case Manager and Referring Physician and this could jeopardize your claim.

Please understand that your pain will probably increase and decrease as your course of treatment progresses. Neither of these conditions is legitimate as a reason skip an appointment: a) if you're in pain, come in and we can help to alleviate it, b) if your pain has decreased, now is the time that we can do more correction of the underlying causes of your problem and educate you to prevent further injury.

When you don't show up as scheduled, three people are hurt: 1) You, because you don't get the treatment you need as prescribed by the doctor, 2) the therapist, who now has a space in their schedule since the time was reserved for you personally, and 3) another patient who could have been scheduled for treatment if you had given proper notice.

We are looking forward to working with you to achieve your best possible outcome!

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Patient Name: \_\_\_\_\_

Responsible Party (if Patient is a minor): \_\_\_\_\_