

# ***Core Dynamics Physical Therapy***

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## **Cancellation Policy**

We strive to render excellent physical therapy care to you and the rest of our patients. In an attempt to be consistent with this, we have an Appointment Cancellation Policy that allows us to schedule appointments for all patients. When an appointment is scheduled, that time has been set aside for you and when it is missed, that time cannot be used to treat another patient. **In order to provide you with the best possible care, we ask that you arrive at the time of your appointment.**

### **Our policy is as follows:**

We request that you please give our office 48 hours notice in the event that you need to reschedule your appointment. This allows other patients to be scheduled into that appointment. It also makes it possible to reschedule your appointment more efficiently. **At a minimum, we require 24 hours notice for a cancellation.** No shows or cancellations received less than 24 hours prior to your scheduled appointment will result in a cancellation fee of **\$75**. Arriving late to an appointment 20 minutes or greater will be considered as a no show. For women, menstruation is not an acceptable cancellation, unless cancelled within or greater than 24 hours in advance.

Repeated late cancellations or no-shows are disruptive to the optimal delivery of care to you and other patients. Missed appointments prevent other patients from coming in at the same time and affect the consistency of your own rehabilitation program. As a result, **two (2) late cancellations or no shows may result in discontinuing physical therapy.** Additionally, arriving late for 3 or more visits may result in discontinuing physical therapy. **Cancellation/No Show fees and late arrival fees CANNOT be billed to Insurance. Patient will be charged the fee for the entire scheduled appointment regardless of the time the patient arrives**

We understand that emergency situations may arise and take that into account. If you have questions regarding this policy, please let our staff know and we will be glad to clarify any questions you have.

I, authorize Core Dynamics Physical Therapy, LLC to charge a \$75 fee to the credit card indicated below in the event that I fail to give at least a 24 hour notice of cancellation of a scheduled appointment.

Card Type (circle one): Visa    Mastercard    American Express

Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as printed on card \_\_\_\_\_ Billing zip code \_\_\_\_\_

**I have read the above fee agreement carefully and agree to its terms and conditions.**

Authorized cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_