

Patient: _____



NEW CANCELLATION and NO SHOW POLICY

Thank you for choosing **RESULTS PHYSICAL THERAPY**, the premier sports medicine facility in the Sacramento region. Here you will receive personalized care with some of the top physical therapists in the area. Our schedules are in high demand and especially now, in response to the COVID-19 guidelines, we have adjusted our appointments to maintain a safe level of patients in the clinic at one time.

Your commitment to **your time slot** is of utmost importance to your success and rehabilitation. Missed appointments impede your rehab progression and are costly to the clinic. Our staff is dedicated to providing the best care possible, but we can only do this if all of our patients understand and abide by this cancellation / no show policy.

CANCEL OR RESCHEDULE APPOINTMENT WITHOUT CHARGE: If you know you need to cancel or reschedule your appointment, please contact us as soon as possible (24-hours advance notice is preferable). This will allow us to contact another patient to fill your time slot. Input our phone number below into your contacts. If you are calling after hours, or unable to reach a member of our staff, please leave a message on the voice mail.

LATE APPOINTMENTS: We ask that you show up for your appointment on time so you can be given the benefit of your full therapy session. Any patient who arrives greater than 15 minutes late may not be seen by the therapist and considered a *"No Show"*

NO SHOWS: A missed appointment without contacting the office will be charged **\$50**.

LATE CANCELLATION FEE \$50 WILL BE CHARGED if: (3:00 pm and 8:30 am rule)

- **Morning appointments:** You do not contact the office by **3:00 pm** the previous day.
- **Afternoon appointments:** You do not contact the office by **8:30 am** the same day.

- 1st cancellation: no charge
- 2nd and any additional cancellations: Charge of **\$50** per cancellation
- 3 consecutive cancellations: We may consider discontinuing treatment at RESULTS
- **NEW COVID-19 policy:** If you are starting to feel ill (cough, sneeze, fever...), do NOT come into the clinic. Please be mindful and err on the safe side and cancel early. Do NOT "wait and see if symptoms improve" to cancel.

Insurance companies do not reimburse cancellation fees. **You will be billed directly.**
We will need a credit card on file. This will be part of your HIPAA compliant encrypted chart.

- _____ I have read and agree with the terms of the cancellation / no show policy
- _____ I am signing for a patient under 18 years of age and understand I am responsible for the obligations and acts as described in this document

Patient/Guardian Signature _____ Date _____

Print Name: _____