

CENTRAL BUCKS PHYSICAL THERAPY, LLC

Cancellation and No-Show Policy: Effective 7/16/18

The following is our policy regarding cancellations and no-shows. We take this subject very seriously. Attendance to your appointments can make the difference between whether you succeed in your treatment or not. We offer text, phone and email reminders as a courtesy, but these are only reminders, and ultimately it is your responsibility to record your appointment times accurately. Our specialized care requires one room per patient and missing appointments not only results in wasted therapeutic time, but also generates higher price costs.

We require **24 hrs notice** in the event of a cancellation. It is your responsibility to call in or text within 24 hours of your scheduled appointment. Our phone records the time and date of your contact with our office.

The **FIRST** occurrence of cancellation without 24 hrs notice will result in a **\$15 charge**.

All subsequent occurrences of cancellation without 24 hrs notice will result in a **\$75 charge**.

Not showing for an appointment will result in an **automatic \$75 charge**.

A statement will be sent out within 48 hrs of occurrence. If no payment is received a second statement will be sent out with your signed copy of this form. If you would like to dispute the fee, you must submit a letter in writing for review. If no payment is received a third and final statement will be sent. No response from the final statement will result in submitting your account to our collections.

Cancelling or not showing for more than 2 appointments within 4 weeks may warrant discharge. This action may appear as though therapy is not important enough for you to attend on a consistent basis and therefore discharge is possible.

Please understand that when you do not attend your appointment, three people are affected:

- 1. YOU** because you do not receive your treatment
- 2. The PHYSICAL THERAPIST** who now has your reserved appointment time open in their schedule.
- 3. Another PATIENT** who could have been scheduled for the treatment if you had given proper notice

Patient/Guardian signature _____ Date _____

CBPT Representative _____ Date _____

We appreciate those who provide 24 hrs notice for cancelled appointments.