



Physical Therapy Attendance Policy

H2Orthopedic strives to provide each patient with the highest quality of care while attempting to accommodate your schedule for your convenience. Therefore, we provide reserved time slots for each patient with a specific therapist in order to minimize your waiting and assure continuity of your treatment. Your consistent attendance of the planned treatment regimen is paramount to your full recovery. While we are sensitive to the fact that an emergency may occur in a rare instance, late cancellations and/or patient no-shows decrease our ability to accommodate the scheduling needs of the other patients. As a way to provide the highest quality of care to all our patients, we must ask for your full cooperation with the following policy:

- If you are more than 30 minutes late for your appointment and fail to notify us, treatment may be cancelled, and a fee charged for missing the appointment.
- A scheduled appointment **MUST BE CANCELLED AT LEAST 24 HOURS IN ADVANCE** or a fee will be charged for that appointment.
- Failure to show up for an appointment (“NO-SHOW”) without notifying us will result in a fee being charged for that appointment. Furthermore, 2 consecutive no-shows will result in the cancellation of all remaining scheduled appointments. This will require you to call for an open appointment on each day you would like to receive therapy. We will do everything possible to accommodate you, as space on the schedule permits.
- ALL PATIENTS, regardless of insurance/third party payor, will be charged a \$50 LATE CANCELLATION FEE for all late cancelled or no-show appointments. THE PATIENT IS RESPONSIBLE FOR THE FEE, NOT THE INSURANCE/THIRD PARTY PAYOR.
- All private pay packages will result in a deduction of one session (full session rate) for each late cancellation and/ no-show appointment.

All of the staff at **H2Orthopedic** appreciates your anticipated adherence and cooperation with this policy. We wish you the best of luck with your treatment. We are here to help you attain all of your goals and optimize your return to all of your pre-injury activities.

_____ / ____ / ____ Patient

Acknowledgement/Signature Date