



**LeRoy Physical Therapy, PC
Gananda-Walworth Physical Therapy, PC
Gates-Chili Physical Therapy**

APPOINTMENT CANCELLATION AND NO-SHOW POLICY

We are committed to providing you, our valued patients, with excellent quality and convenient physical therapy services. We reserve time in our schedule specifically for you. Toward that end, we ask your cooperation by making every effort to keep scheduled appointments.

We ask that you provide at least 24 hours notice for an appointment cancellation.

Occasionally, emergencies arise that make it impossible to keep scheduled appointments, specifically sickness, transportation problems, and family emergencies. Cancellations without 24 hours notice are acceptable under these conditions for **one time**.

Cancellations due to inclement weather and/or hazardous driving conditions are acceptable. In consideration of other patients and our staff, please call as soon as possible if you know you will be unable to keep a scheduled appointment.

No-show appointments, unless due to a true emergency, are entirely unacceptable.

Please DO NOT CANCEL if you are feeling worse and believe the treatment is not working. Keep your appointment and discuss any changes with your therapist. Please understand that your pain will probably fluctuate as your course of treatment progresses.

Please DO NOT CANCEL if you are feeling better. Keep your appointment in order to progress your plan of care and prepare for discharge.

Unfortunately, we must charge a fee for no-show appointments, repeated cancellations, and cancellations with less than 24-hours notice. This fee will be assessed regardless of insurance type as payment is the responsibility of the patient, NOT insurance.

Fees for missed appointments are as follows:

Cancellation without 24 hours notice: \$10 per instance

No-show appointment: \$20 per instance

Thank you for your cooperation.

Patient Name (printed) _____

Patient Signature _____ Date _____

Parent Signature (if patient under 18) _____