



MISSED APPOINTMENT POLICY

We strive to provide our patients with the utmost professionalism and excellence of service. Our commitment to your well being and rehabilitation is something all staff in our clinic take quite seriously. It is because of this dedication we believe it would be a disservice to you if we did not emphasize the importance of your own commitment to your course of treatment. Your adherence to the recommended number of visits is a vital component of your progress with our services; therefore we have certain policies in order to ensure our patients experience the most optimum results.

We expect you to keep all of your appointments. Write down the time of your visits or request a printout from us so that you do not forget. It is also important that you arrive on time to your scheduled appointments. If you arrive more than 15 minutes after your scheduled appointment time, you may be asked to reschedule.

With the exception of serious emergencies it is expected that you keep all of your appointments. If you need to re-schedule an appointment we prefer 24 hours notice. In such a case, please call our office to arrange for a make-up appointment with our receptionist. The make-up appointment should be in the same week, preferably the next day. **If more than two (2) scheduled appointments are missed with no prior call to the office OR if three (3) or more appointments are cancelled without a suitable reason (illness, emergency etc.), a \$25.00 Missed-Appointment Fee will be assessed for each appointment that is unattended from that point forward.**

In instances of repeated non-compliance with your scheduled visits, we must inform your physician that you have not followed his/her prescribed rehabilitation order and services may have to be discontinued at that time. If you have any questions or concerns during your course of care, please contact your Physical Therapist or ask to speak with our Patient Representative. We appreciate you greatly as our patient and will strive to return you to a pain-free, pre-injury status.

I have read and understand this policy.

Name _____ Date _____

HEALTHY TIPS NEWSLETTER

I would like to receive your monthly email newsletter of helpful tips for exercise and healthy living. *Email address* _____

APPOINTMENT REMINDERS

Elite Therapy & Fitness offers automatic appointment reminders by email OR by text messaging. If you would like to receive a reminder, please choose **ONE** of the following:

EMAIL. *Email address* _____

OR

CELL PHONE TEXT MESSAGE.
Cell phone # _____ *Provider (Verizon, etc.)* _____

(Normal text messaging rates may apply.)