



426A McCall Road . Manhattan, KS 66502 . 785/776-0670

4201B Anderson Ave, Suite 1 . Manhattan, KS 66503 . 785/539-5555

CANCELLATION AND NO-SHOW POLICY

Please notify the clinic within 24 hours of your appointment time if you are unable to keep your scheduled time. Please cancel or re-schedule this session. Your scheduled appointment is a specific time slot for you and your physical therapist. Please be courteous and let the clinic know ahead of time if you will be unable to keep your scheduled appointment time. Failure to attend your session may disrupt your recovery and disrupt the schedule of your therapist.

There is a \$25.00 fee for appointments not attended or cancelled within 24 hours.

Failure to attend more than two consecutive appointments without contact from you will result in the **automatic cancellation of any subsequent appointments**. You will need to make arrangements with your therapist for any additional sessions.

If you are covered by workers' compensation insurance, it is imperative that you comply and actively participate in your rehabilitation per the physician recommendations. All missed appointments whether they are cancels or no-shows will be documented in your chart.

Keep in mind that our clinic can get very busy, particularly during the after work hours. It is your responsibility to schedule appointments well in advance to accommodate your limitations.

Thank you for your cooperation and we look forward to working with you.

Patient Signature: _____

Date: _____

Therapist Signature: _____