



## APPOINTMENT AND CANCELLATION POLICY

At **Decatur Hand & Physical Therapy Specialists**, our goal is to provide quality Physical and Occupational therapy care in a timely manner. We have implemented an appointment/cancellation policy which enables us to better utilize available appointments for our patients in need of care.

We understand that everyone is busy and it is easy to forget appointments. As a courtesy to you, our automated call system will call you 48 hours prior to your appointment for confirmation. If you do not confirm then a text message or another call will be made 24 hr prior to your appointment. Please let us know your preference(s) of how to contact you.

\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
\_\_\_ Home Phone ( ) \_\_\_\_\_  
\_\_\_ Text ( ) \_\_\_\_\_  
\_\_\_ Email \_\_\_\_\_

### Cancellation Policy

Please be courteous and call Decatur Hand & Physical Therapy Specialists promptly if you are unable to attend an appointment or are going to be more than 15 min late for your appointment. Available appointments are in high demand and your early cancellation will give another person the possibility to have **access** to timely care.

If it is necessary to cancel your scheduled appointment, we require that you give **at least 24 hours notice**.

The patient will be charged a **\$40.00 cancellation fee** if the cancellation is less than 24 hours OR if the patient "**No Shows**" for a scheduled appointment. Since things sometimes happens beyond our control, we will waive the fee on the first occurrence. **Initial** \_\_\_\_\_

When you miss a scheduled therapy appointment, or if you cancel it **less than 24 hours**, we consider it as "**no show**". Missing more than 2 scheduled appointments without advance notice may result in scheduling your future appointments on a day to day to basis or being discharged from our care.

I hereby acknowledge that I have read and understand the above cancellation and no show policy and that I agree by these guidelines

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date