



CANCELLATION/NO SHOW POLICY

Success in rehab depends upon keeping the prescribed number and frequency of visits: consistent attendance results in the most expedient and best outcome. Just as it is important to finish a course of antibiotics for effective treatment, so too is it imperative to finish a full course of rehab treatments. Having pain or other symptoms from rehab could be a normal occurrence in your care, or it could signal something else: this is critical for the PT/AT to assess, and you should not cancel because of symptoms. Likewise, if you become symptom-free and don't feel the need for further therapy, a visit allows the clinician to assess the proper time to discharge from the RehabGYM. Please do not self-discharge.

Additionally, keeping your scheduled appointment shows respect for your clinician's schedule. Clinicians have appointments scheduled back-to-back, and often there is a waiting list of patients who were unable to fit in. If you do not show, or you cancel an appointment too late, this is a whole hour of wasted time for the clinician and a lost opportunity for another patient to be seen.

Therefore, in an effort to keep your care on track, maintain productive schedules at the RehabGYM, and give all patients an opportunity to be seen, **the RehabGYM requires 24-hour notice for the cancellation of all scheduled appointments.**

There is a **\$25 fee for a cancellation** without proper notice and a **\$50 fee for a "no show"** (i.e., not showing up for an appointment without any communication). **THIS FEE WILL NOT BE COVERED BY YOUR INSURANCE CARRIER.** It is your responsibility and applies to ALL patients.

After two missed appointments or three cancelled appointments, you may either be discharged from therapy or restricted to day-of-only appointment scheduling.

We understand that extenuating circumstances sometimes occur, which is why we have implemented a "one-strike" policy: **we will allow for one cancellation before charging a fee.**

AGREEMENT

I understand the RehabGYM's Cancellation/No Show Policy and my responsibility to plan appointments accordingly. I will notify the RehabGYM if I have difficulty fulfilling my scheduled appointments.

I consent to the above, as indicated by my signature below:

Print Name

Signature (Parent/Guardian if under 18)

Date

Witness Name

Witness Signature

Date