

## Late and No-Show Policy

The following are policies regarding patients arriving late and no shows. We take this subject seriously at Clinton Physical Therapy because it can make the difference in the success of a patient's treatment. Usually the patients referring Doctor and / or Physical Therapist have prescribed a set frequency of treatment. Showing up as scheduled for these visits and following the Physical Therapist's instructions are the patient's most important jobs. With these two ingredients in place, we will be able to help our patients achieve their goals in treatment.

- **Arriving to appointment late.** Any patient that arrives to an appointment fifteen minutes late may be subjected to a delay in time of treatment or rescheduled for another day.
- **Notice for cancellations.** A **\$15.00 charge** will be applied to your account if Clinton Physical Therapy is not notified prior to the scheduled appointment. This fee is also not covered by insurance, and must be paid prior to your next appointment.
- **For Worker's Compensation and Personal Injury patients,** documentation of any missed appointments will be forwarded to the patients' Case Manager and Primary Physician. By missing appointments the patient could jeopardize his/her claim.
- It is important to understand that a patient's pain may fluctuate throughout the course of treatment. Some patients may experience a reduction in overall pain while others may feel a slight increase. This is normal. Please do not discontinue treatment unless you have spoken with our Physical Therapists. An additional and important long term goal is the education of our patients in order to avoid re-injury in the future. This is an important part of the treatment process that will occur during the patients therapy sessions—another important reason to follow through with the complete treatment process.

When a patient does not maintain his/her proper schedule, three people suffer. The Patient, because treatment is not being received as prescribed by the patients Doctor and / or Physical Therapist; The Physical Therapist who has reserved that particular appointment for you personally; and any other patient who could have been seen in your place.

*By signing below, you acknowledge that you have received this notice and understand this policy.*

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Signature

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Date