

Great Falls Physical Therapy strives to provide each patient with the highest level of care while attempting to accommodate your schedule for your convenience. Therefore, we provide appointment times for each patient with a specific therapist in order to minimize your waiting and assure continuity of care. Your consistent attendance of the planned treatment regimen is paramount to your recovery.

While we are sensitive to the fact that an emergency may occur in a rare instance, **ALL** cancellations, especially last-minute ones, along with patient no shows, decrease our ability to accommodate the scheduling needs of the other patients.

We ask for your full cooperation with the following policy:

- **YOUR SCHEDULE IS YOUR RESPONSIBILITY**
 - You will be provided with an email and text reminder of your appointment 48 hours in advance. If you would like to change these automatic preferences, please inform the office manager.
- ALL changes to your schedule are to be made with the front office staff **ONLY**.
- Please provide our office with 24-hours' notice, from your originally scheduled appointment, to change or cancel that appointment.
 - Patients who do not provide 24-hours' notice to change or cancel an appointment (**LATE CANCEL**) **will be responsible for a 50% late cancel fee.**
 - Cancellations within 4 hours of your scheduled appointment time or patients who do not attend a scheduled appointment (**NO SHOW**) **will be responsible for the full 100% fee.**
 - Missed appointment charges are YOUR responsibility. They cannot be charged to insurance and **MUST** be paid on or before your next scheduled appointment.
- If you are aware that you are going to be late, please call the office and let us know **PRIOR** to your scheduled appointment time.
 - If you are more than 15 minutes late, your appointment may need to be rescheduled. You will be responsible for the 100% **NO SHOW/LATE CANCELLATION** fee.
- After missing 3 appointments, without proper notice, you may be placed on a same day scheduling policy for your treatments, which would **NOT ALLOW** you to schedule any appointments in advance.
- After 3 consecutive missed appointments you will be discharged from therapy for noncompliance.
- ALL cancellations and no shows will be documented in your medical record and appropriately reported to your physician.
- Please **DO NOT CANCEL** if you are feeling worse and believe treatment is not working. Keep your appointment and discuss your concerns with your physical therapist. Please understand that your pain will fluctuate during your course of treatment.
- Please **DO NOT CANCEL** if you are feeling better. Keep your appointment so that your physical therapist can progress your plan of care and prepare you to be discharged from therapy.

We believe this policy is necessary for the benefit of all our patients so that we may continue to provide excellence in rehabilitative care.

Signing below indicates that you understand and agree to the terms of this policy.

Signature of Patient or Responsible Party

Date

Printed Name