



ORTHOPAEDIC SPORTS SPECIALISTS

Missed Appointment Policy

Orthopaedic Sports Specialists Physical Therapy takes your health very seriously. Your physician has recommended physical therapy to improve your daily life. We are sure that you will receive the best therapy in the Greater Hartford area. We appreciate your confidence.

Physical Therapy improves your function and daily life through a variety of treatments that have been proven successful. **Your physician and physical therapist have agreed on the frequency of your treatments. It is important that you attend your therapy appointments consistently to gain maximum benefit from your visits. Frequent cancellations are very detrimental to the outcome of your treatment.**

We make every effort to schedule appointments in a way that maximizes your time spent with the therapist. If you are late, it creates a disruption for not just you, also the therapist and all of the other patients.

We understand that occasionally there may be a need to reschedule an appointment. **If you need to reschedule an appointment we require a 24 hours notice. In such a case, please call our office and arrange for a make-up appointment with our Front Desk Receptionist. The make-up appointment needs to be in the same week, preferably the very next day. Should you cancel or no show for your appointment more than one time during a 12 visit course of treatment, there may be a charge of \$20.00 for each cancellation or no show.** If you no show for an appointment more than three times you will be discharged from therapy. Obviously, we do understand emergencies arise.

(Note: If you are a worker's compensation patient, your insurance company will not reimburse for cancelled and missed appointments. You will personally be held responsible for these fees).

Please understand this policy is intended to improve the quality of care that you receive from our clinics. We guarantee that a therapist will be here every time you come in so that you receive outstanding care.

We thank you for understanding and we look forward to your great health.

I have read and understand the Cancellation / No Show policy as described above and agree to make every effort to maintain my therapy schedule to maximize the benefits of physical therapy.

Patient Signature

Staff Initials