

## Axis Brain and Back Physical Therapy No Show / Cancellation Policy

Please read carefully

We realize that emergencies and other scheduling conflicts arise and are sometimes unavoidable; however, advance notification allows us to fulfill other patient’s scheduling needs and keeps the clinic operating at its most efficient level. Missed appointments are a significant inconvenience to your physical therapy, the clinic and other patients.

1. Please provide our office with 24-hour notice to change or cancel an appointment. Patients who do not attend a scheduled appointment or do not provide 24-hour notice to change a scheduled appointment may be responsible for a \$50.00 office visit charge. This charge cannot be billed to insurance and must be paid on or before the next scheduled appointment.
2. After missing two appointments without 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.
3. A No Show Fee of \$75.00 may be assessed if you do not show up for a scheduled appointment without a call or email prior to your appointment. If you have 3 No Shows in a plan of care then you will be discharged from Physical Therapy and you will have to return to see your doctor to get a new PT prescription.
4. Certain accident claims, worker’s compensation and VA adjusters expect regular attendance to physical therapy as a requirement of an approved treatment plan. If appointments are missed or cancelled on a regular basis it could affect the status of your claim. Your treatment plan has been established by your medical practitioners to get you back to your regular activities as quickly possible. Missing appointments hinders that process and may end up prolonging recovery.

Thank you for providing our office and our patients with this courtesy. Signing below indicates you understand and agree to the terms of this policy. Our phone number is 817-502-7411 and our email is PTinfo@axbbi.com.

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Patient or Legal Guardian Signature

\_\_\_\_\_

Date

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Patient Printed Name