



ALPINE

Physical Therapy & Spine Care

24 Hour Cancellation Policy

We realize that emergencies and other scheduling conflicts arise and are sometimes unavoidable. However, advance notice allows us to fulfill other patient's scheduling needs and keeps the clinic operating at its most efficient level. Due to our one-on-one, 60-minute treatments, missed appointments are a significant inconvenience to your physical therapist, the clinic and other patients.

This policy is in place out of respect for our therapist AND our clients. Cancellations with less than 24 hours notice are difficult to fill. By giving last minute notice or no notice at all, you prevent someone else from being able to schedule into that time slot, and leave a 60-minute hole in your therapist's schedule.

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 service charge. This charge cannot be billed to insurance and must be paid on or before the next scheduled appointment.
2. We reserve your one-hour appointment time just for you. We do not double-book our patients so that we may provide optimum treatment outcomes for all our patients. 24-hour notice allows us to offer that time to a wait-listed patient.
3. Certain accident claims 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 practitioner(s) to get you back to your regular activities as quickly as possible. Missing appointments hinders that process and may end up prolonging recovery.
4. After two missed or cancelled appointments without the appropriate 24 hour 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.

NOTE: *You will never be charged for a cancellation if it is made more than 24 hours in advance of your scheduled appointment time.*

Thank you for providing our office and our patients with this courtesy.

I have read, understand, and agree to abide by the policy above:

Print Name: _____

Signature of Patient (or Responsible Party)

Date