



Physical Address: 6701 West Blondell Drive, Wasilla, AK 99654

Mailing Address: PO Box 298658, Wasilla, AK 99629

Phone: (907) 357-9755 / Fax: (907) 357-9499

### **CANCELLATION & NO-SHOW POLICY**

- Successful rehabilitation depends not only on the skill of your Physical Therapist, but also on commitment, attendance and efforts of the patient. Failure to keep scheduled appointments at First Choice Physical Therapy hinders our ability to provide the best care to our patients. The staff at our clinic is committed to accommodating scheduling needs to the best of our ability. In return, we expect our patients to call to **RESCHEDULE** appointments so it is not a missed visit. Repeated late cancellations or no-shows are disruptive to the optimal delivery of care to our patients. Missed appointments affect the consistency of the rehabilitation program. Initial here \_\_\_\_\_
- If the therapist you are scheduled with is out of the office due to unforeseen circumstances, you will be moved to another therapist for continuation of care. Every opportunity will be given to keep your scheduled appointment time; however, if the exact appointment time is not available then you will be offered the closest availability. It may be necessary to reschedule your appointment. Initial here \_\_\_\_\_
- **NOTE:** If an appointment is No Showed for two (2) visits or canceled for two (2) appointments without 24-hour notice, all remaining appointments will be removed from the schedule and the patient will be discharged from physical therapy or massage therapy, whichever apply to the therapy being received. *Late cancellations due to illness or family emergencies are excluded from this policy.* Failure to give First Choice Physical Therapy the 24-hour notice necessary prior to cancellation will result in a "No-Show Appointment Fee." **THIS FEE CANNOT BE BILLED TO YOUR INSURANCE COMPANY AND WILL BE YOUR DIRECT RESPONSIBILITY.** Initial here \_\_\_\_\_
- **The Physical Therapy and Massage Therapy No-Show Appointment Fee is \$35.00.** Initial here \_\_\_\_\_
- It is equally important that patients be on time for their scheduled appointment. Please call in advance to request an earlier or later time if needed. We will be happy to honor the request if other appointment times are available. In order to provide the best possible care, we ask that patients arrive on time! Initial here \_\_\_\_\_
- Please understand pain may fluctuate as the course of treatment progresses and before therapy is completed. Having pain or not having pain are NOT reasons to cancel or fail to show for the scheduled treatment. When in pain, it is important to come in because there are treatments available and/or program modifications that can help lessen pain. Likewise, experiencing less pain makes therapy equally important to continue the course of treatment in order to correct the underlying causes of the injury which will prevent future setbacks. Initial here \_\_\_\_\_

I have read and understand this policy.

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Patient Signature

Date