



FINANCIAL, RESERVATION AND NO-SHOW POLICY

Dear Patient,

When you schedule an appointment at **PTX Physical Therapy**, you have our direct attention. We value this time spent with you. If you cannot keep your scheduled appointment time, not only are you missing the treatment you need, but you are also preventing another patient from being treated. We have an extensive waiting list to schedule appointments. Therefore, we are instituting the following reservation and no-show policy:

- For any NO-SHOW APPOINTMENTS, a **\$50 charge** will be added to your account.
- Patients are expected to give **notice of cancellation by 3pm on the business day prior** to their scheduled appointment. This will give us time to offer your appointment to another patient.
- The 2nd time this policy is violated, a **\$50 charge** will be added to your account.
- After a 3rd violation, your case will be considered for discharge at your therapists discretion.
- If you are late for an appointment, you will be seen as soon as possible, though the office visit may need to be shortened in length.
- We understand that your lives are busy and that unexpected events occur, so some leniency will be provided if you discuss it with us.
- As a courtesy, when time allows, we make reminder calls and/or texts for appointments. If you do not receive a reminder call or message, the cancellation policy will still remain in effect.
- No subsequent appointments will be scheduled until the fee has been paid.

If you have any questions regarding this policy, please let our staff know and we will be glad to clarify any questions you may have.

I agree with the following statements:

- *I understand that I am financially responsible for all charges.*
- *I consent to PTX sending information regarding my treatment plan to my medical provider.*
- *I consent to the treatment plan as prescribed by my physical therapist.*
- *I have been offered and read a copy of PTX Notice of Privacy Practices.*
- *I understand that if I filed a worker's compensation claim, and that claim is denied, I will then be responsible for payment of services provided at PTX, including all charges not covered by my insurance.*
- *I am responsible to **pay an overdue bill, co-insurance/pay or deductible at each visit.***
- *I have read and agree to the terms of the **FINANCIAL, RESERVATION and NO-SHOW POLICY.***

We thank you for your patronage. If you would like a copy of this page, please ask.