



Cancellation and No-Show Policy



Teton Physical Therapy & Rehabilitation strives to provide each patient with the highest quality of care while accommodating your schedule for your convenience. Therefore, we provide reserved time slots for each patient with a specific therapist in order to minimize your waiting and assure continuity of your treatment. Your consistent attendance of planned treatment sessions is imperative to your full recovery.

Why do we have a cancellation policy & why do we charge a fee?

We are sensitive to the fact that an emergency may occur in a rare instance. Cancellations, especially last minute ones, along with patient no-shows, decrease our ability to accommodate the scheduling needs of our other patients.

We must ask for your full cooperation with the following policy:

- **If you are more than 15 minutes late for your appointment and fail to notify us**, treatment may be cancelled and a **\$50 fee** charged for missing the appointment.
- A scheduled appointment **must be cancelled no later than 3pm the business day prior to your scheduled appointment** or a **\$50 fee** may be charged.
- Failure to show up for an appointment without notifying us (no-show) will result in a **\$50 fee. Two (2) consecutive no-shows will result in the cancellation of all remaining scheduled appointments.**
- If you cancel after 3pm the business day prior or the day of your scheduled appointment, we will do everything we can to fill your appointment with another patient from our waiting list. If we are able to do so, then you will not be charged.
- **Cancellation and no-show charges cannot be billed to insurance (regardless of insurance carrier, this includes Workman's Comp and SJMC benefits) and must be paid prior to the next scheduled appointment.**
- Repeated failure to comply with this policy, will result in your name being placed on a "Schedule Based on Availability" list. This will require you to call for an open appointment on the day you would like to receive therapy. We will do everything possible to accommodate you, as space on the schedule permits.

Our Team at Teton Physical Therapy & Rehabilitation appreciates your acknowledgement and cooperation with this policy. We are here to partner with you and optimize your ability to meet your personal goals.

Signing below indicates you understand and agree to the terms of this policy. Thank you.

Signature (patient/guardian)

Date

Print Patient name

Print name of signed parent or guardian

Would you like to receive appointment reminders? ☐ Yes ☐ No

If yes, please choose one notification type:

☐ E-mail: _____

☐ Text / ☐ Call: _____