



OUR MISSION

To serve our patients with compassion and respect as we promote their health and well-being.

OUR VALUES

Compassion, accountability, respect, and responsibility

**Patient Acknowledgement
Appointment Cancellation Policy**

Dear Patient,

Center for Physical Medicine & Rehabilitation has instituted an Appointment Cancellation Policy. A cancellation made less than a 24 hour notice significantly limits our ability to make the appointment available for another patient in need.

To remain consistent with our mission, we have instituted the following policy:

1. Please provide our office a **24-hour notice** in the event that you need to reschedule your appointment. This will allow us the opportunity to provide care to another patient. A message can always be left with the after-hours option in order to avoid a cancellation fee being charged.
2. A **"No-Show", "No Call" or missed appointment, without proper 24-hr notification, may be assessed a \$50 fee for office visits or a \$100 fee for procedures.**
3. **This fee is not billable to your insurance.**
4. If you are 15 or more minutes late for your appointment, the appointment may be cancelled and rescheduled.
5. As a courtesy, we make reminder calls or send text reminders through our automated system for appointments one to three days in advance. Please note, if a reminder call or message is not received, the cancellation policy remains in effect.
6. Repeated missed appointments may result in termination of the physician/patient relationship.

I have read and understand the Appointment Cancellation Policy and I acknowledge its terms. I also understand and agree that such terms may be amended from time-to-time by the practice.

Printed Name of Patient

Signature of Patient