

ATTENDANCE POLICY

Cancellation and Failure to Show Policy:

- In order for your physical therapy to be effective and for goals to be met in a timely fashion, it is imperative that you attend scheduled appointments, comply with instruction and perform your home exercise program.
- Nantahala Physical Therapy requires a 24 hour notice in the event of a cancellation, except in cases of inclement weather (see below). It is the patient's responsibility, when he/she calls in, to have an alternative time in mind that will ensure he/she gets in the full prescribed number of treatments that week whenever possible. (In some cases, this may not be possible since some forms of treatment do not work well if given two sequential days.)
- There is a \$15 charge for a cancellation without prior notice. This charge will not be covered by insurance, so is the responsibility of the patient. When patients do not show up for their scheduled appointments, three people suffer: The patient him/herself because he/she doesn't get the treatment he/she needs as prescribed by his/her doctor and/or PT; the therapist who now has a space in his/her schedule since the time was reserved for that patient personally; and another patient who could have been scheduled for treatment had there been proper notice.
- In cases of inclement weather, NPT follows the school system schedule. NPT tries to remain open during business hours; however, if you are unable to make your appointment due to the weather, please call to cancel.
- If a patient does not show up for the scheduled appointment, NPT will telephone you at the number you provide in order to reschedule.
- If a patient misses three consecutive appointments without contacting NPT, or if a patient has excessive cancellations, NPT reserves the right to discharge you from therapy without any further attempt to make contact. NPT will also notice your doctor if discharge should occur.

I understand that this is, in effect, a contract between Nantahala Physical Therapy, my therapist, and me. The goal is to achieve my rehabilitative goals. The undersigned certifies that he/she has read and accepts the terms.

PATIENT OR PATIENT'S AGENT

DATE