

Northern Arizona Rehabilitation & Fitness
Cancellation and No-Show Policy

The following are our policies regarding cancellations and no-shows. We take this subject seriously at this clinic, because it can make the difference between whether you succeed in your treatment or not.

- **We require 24 hours notice in the event of a cancellation.** It is your responsibility, when you call in, to have an alternative time in mind that will ensure you get in the full prescribed number of treatments that week whenever possible. **There is a \$25 charge for a cancellation without proper notice.** This charge will not be covered by insurance, but will have to be paid by you personally.
- If an individual is 10 minutes or more late for their appointment this is the same as an inappropriate cancel or no show. This cuts into treatment time too much for an effective session to be had, and puts the therapist in a position where they could be late seeing their next patient.
- For Worker's Compensation and Personal Injury patients, documentation of any missed appointments must be forwarded to your Case Manager and Primary Physician and could jeopardize your claim.
- OPEN ROOM AUTHORIZATION- I give permission to treat me in an open room where others are also being treated. I am aware that other persons in the office may overhear some of my protected health information during the course of care. Should I need to speak to my therapist at any time in private, the therapist will provide a room for these conversations.
- Please understand that your pain will probably increase and decrease as your course of treatment progresses. Neither of these conditions are legitimate reasons to miss your appointment because A) if you're in pain, come in and get it fixed and B) if you're out of pain, now is the time that we begin doing some real correction of the underlying causes of your problem and educate you so you won't re-injure yourself.

When you don't show as scheduled, three people are hurt: You- because you don't get the treatment you need as prescribed by the doctor and or PT: The therapist- because they now have a vacant time that was reserved for you personally and finally: Another Patient- because they could have been scheduled for treatment if you had given proper notice.

Please co-operate with us in this regard. We're looking forward to working with you.

Patient Signature

Date