

### The Missed Visit Policy

At Forever Fit Physical Therapy & Wellness, our goal is to help all patients fully recover from injury and illness. At the end of your initial appointment, your physical therapist will provide you with a plan for your care based on their expertise and your goals.

Patients who attend all their physical therapy visits are 93% more likely to fully recover from an injury whereas those that miss even one visit have a lowered potential for recovery. We do what we do to make sure YOU, and all our patients, have the best chance at recovery; but we need your participation in the plan of care to make that happen. To prevent others from having to wait for their care, we also need your compliance with our attendance policy.

**Please read our policy and sign at the bottom indicating you understand and have been informed of our expectations and our policy.**

1. As experts, we know that **you will not reach full recovery if you do not attend your appointments**. To make sure you have the best chance at recovery, you'll need to schedule and arrive for your prescribed visits.
2. **We will begin your treatment sessions on time**, so we need you to arrive at least 5 minutes prior to your appointment time, dressed for your session, and ready to begin at your scheduled appointment time.
3. **If you're running late**, we need you to call as soon as you know you're running late. We will check with your provider to make sure there's enough time to provide the care you need and deserve.
  - If you are more than 15 minutes late, your session may need to be rescheduled and our missed visit policy will apply at that time. Chronically late patients will be asked to change their appointment times.
4. **If you are sick at any time during care, we need you to call us as soon as you have symptoms**. Please don't wait for the day of your appointment. At that time we will provide a plan for what happens next.
  - Example: If you're sick on Monday but your appt is Wednesday, let us know Monday.
5. **If you need to cancel or change a scheduled appointment, for any reason, we need notice during business hours no later than 5PM the day before your appointment**.
  - This allows enough time to get you rescheduled AND help another patient get in for the care they need and deserve.
  - When you call to cancel an appointment, have your schedule ready as we will reschedule you right away.
6. **If you don't provide notice by 5PM the day before for your scheduled appt change or cancellation, you will be charged a \$50 fee**.
  - This fee is your responsibility and is due at the time of your next service due to the inconvenience and disruption it creates for other patients seeking care.
  - We will comply with payer policy in carrying out this policy.
  - For worker's comp patients, we're required to notify your claims adjuster for cancellations and no-shows.
  - No-show appointments create problems and confusion and are not accepted. Call for any change or update.
7. Patients who have multiple same-day cancellations or no-shows, will be removed from the active schedule, and placed on our day-to-day list to avoid future last-minute cancellations that keep other patients from care.
8. **Medicaid** Patients insured by any form of Medicaid will be held to the same expectations as all other patients as described above. Due to insurance guidelines we can not charge the cancellation fee, therefore if you cancel without providing notice by 5PM the day before the appt. change or cancel you will be placed on a day-to-day list for appointments, and risk being prematurely discharged from care .

As I'm sure you understand, one patient's late (or lack of) notice for appointment changes or cancellations, keeps other patients from getting the care they need and deserve. You can avoid any problems with this policy by calling our office during business hours - and giving notice by 5PM the day before scheduled appt. in advance for any illness, appointment changes or cancellations.

Krista Frederic, CEO

This policy has been verbally reviewed with me and by signing below I am indicating that I received and understand this policy.

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Patient Signature

PCC Signature

Date