



Therapy Specialists' Cancellation and No-Show Policy

Therapy Specialists is dedicated to your success! We view rehabilitation from a team approach which includes the patient, doctor and therapist. We need you to be an active participant in your treatment. This includes regular attendance at your appointments prescribed by your doctor and your therapists. Regular attendance will help you progress faster and achieve a better outcome from your rehabilitation.

In the event of a cancellation for occupational, speech, or physical therapy appointments, Therapy Specialists requires **24-hour notice by telephone.**

- **Late Cancellations:** A cancellation is considered late when the appointment is cancelled without 24-hour advance notice or a patient is more than 10 minutes late.
- **No-Show:** Failure to show up for your scheduled appointment.

A late cancellation or no-show fee of \$25.00 will be charged to the patient *. You may pay for it by cash or credit card. As a courtesy, for multiple appointments in the same day, we cap any late or no-show fees at \$50/day. *These fees are not covered by your insurance.*

The fee for a late cancellation or no-show may be waived 1 time per case per 6-month period. Emergency late cancellations are accepted only for personal illness, hospitalization, illness of a family member (dependent or caregiver) or death in the family.

Please do not arrive with a fever, sickness, vomiting or any other highly contagious illness. If you or your child arrives ill, you will be dismissed as a late cancel under the policy. You may pay the late cancel or no-show fee by cash or credit card prior to your next appointment.

Avoid fees with these reminders:

- Request a print out of your scheduled visits at the front desk
- Sign up for email or text notifications (you cannot cancel through the reminder)
- Confirm your appointments at the front desk after visits
- To cancel an appointment, call the front office or leave a voice message (if after hours)

Signature of Patient/Responsible Party _____ Date: _____

*as allowed by your insurance carrier