



**M O V E M E N T
S Y S T E M S**
Physical Therapy, P.S.
(206) 405-1864 (206) 405-4376 fax



CANCELLATION POLICY

**PLEASE READ THIS POLICY BEFORE YOUR FIRST APPOINTMENT.
YOU WILL BE ASKED TO SIGN THIS POLICY AT THE TIME OF YOUR FIRST
APPOINTMENT.**

Patients are seen, at Movement Systems Physical Therapy, P.S., by appointment only. Scheduling is based on a first come, first served basis. It is advisable for you to schedule your appointments in four to six week intervals.

In the event you need to cancel an appointment, we request at least **24 business hours notice**. Your appointment time is very important to us. If we do not get at least 24 business hours notice of your cancellation, we may not be able to schedule another patient who may need that time slot. This is detrimental to us and to the patients we try to serve.

Unfortunately, we have experienced patients canceling with less than 24 business hours notice or not showing for appointments. Therefore, we have found it necessary to institute a **\$50 cancellation fee** for patients scheduled for a 55 minute session who fail to provide **24 business hours advance** notice (\$25 for 30 minute appointments).

Repeated late cancellations or no shows are disruptive to the optimal delivery of care and may indicate a lack of commitment to your health and wellness. As a result, **2 late cancellations or no shows**, will result in **discontinuing** physical therapy. In the event that you are discharged from our care, your referring provider or case manager will be notified of the reason for discharge from physical therapy. We realize that emergencies do occur – late cancellation due to illness or family emergency is **excluded** from this policy.

Arriving on time for your appointment is also critical to the optimal delivery of care. Chronic late arrivals are disruptive to the successful implementation of your patient care plan. Arriving more than **7 minutes late for 2 or more visits** may result in **discontinuing** physical therapy. In that event, your referring provider or case manager will be notified of the reason for discharge from physical therapy.

Reading and signing this policy states you understand this policy. All late cancels and no shows not excluded from this policy will be billed to you, holding you responsible for paying these fees.

I HAVE READ AND UNDERSTAND THE ABOVE POLICY

Signature _____ **Date** _____