Heinen Physical Therapy, PC No-Show / Cancellation / Payment Policy Please Read Carefully

We understand that emergencies and other scheduling conflicts arise and are sometimes unavoidable, however, advance notification allows us to fulfill other patient's scheduling needs and keeps the clinic operating at its most efficient level. Due to our one-on-one 60-minute treatments, missed appointments are a significant inconvenience to your physical therapist, the clinic, and other patients.

1. Please provide our office with 24-hour notice to change or cancel an appointment. Patients who do not do not provide the required 24-hour notice to change a scheduled appointment may be responsible for a \$65.00 office visit charge. If you do not notify us of a cancellation and/or do not arrive for your appointment or "no call, no show" you will be charged the full \$100 treatment price. This charge cannot be billed to insurance and must be paid on or before the next scheduled appointment.

Initial

2. Unlike many other clinics, we reserve your one-hour appointment time just for you. We do not double-book our patients so that we may provide optimum treatment outcomes for all our patients. 24-hour notice allows us to place another patient in your cancelled appointment period to receive needed treatment and keep our doors open.

Initial____

3. After **missing two appointments without notice or three within 24 hours cancelations, you may be placed on a same day scheduling policy** for your treatments, which would not allow you to schedule any appointments in advance. Repeated cancellations in any manner may lead to discontinuation of services.

Initial_____

4. I understand that I am financially responsible for all charges that are not directly paid by my insurance company. If the Heinen Physical Therapy, PC is a participating provider on my insurance, I understand that I am responsible for any co-pay, co insurance, or deductible not paid by my plan. I authorize my insurance company to pay benefits directly to Heinen Physical Therapy, PC.

Initial____

5. I, the bellow signed, authorize Heinen Physical Therapy, PC to charge my credit/debit card on file for any owed balance on my account. I understand that my information will be saved to file for future transactions on my account.

Initial

Thank you for providing our office and patients with this courtesy. Signing below indicates you understand and agree to the terms of this policy.

(This side for Office Admin uses Only)

1. Same Day Cancel

Initial: _____

2. Same Day Cancel

Initial_____

3. Same Day Cancel Initial_____

1. No Call, No Show

Initial_____

2. No Call, No Show

Initial_____