



Active Health & Restoration

Specialists in musculoskeletal pain.

Patient Cancellation / No Show Policy

You are the reason Active Health & Restoration exists and we promise to never forget that. Your successful recovery is our top priority and we are committed to achieve that as quickly, effectively and as pain-free as possible. **We promise 100% of our efforts toward your full recovery, but we need 100% commitment from you as well.** With this in mind, we ask your cooperation to keeping your scheduled appointments. This will help you obtain your goals as fast as possible.

Here is our appointment policy:

- We appreciate a **24 hour** notice if an appointment must be cancelled, so that other patients may have the opportunity to schedule in the time vacated by you. At that time, please make every effort to reschedule that appointment, in order to keep therapy consistent and your progress on schedule with your specific Plan of Care.

❖ If an appointment is cancelled with **less than 24 hour** notice, or you do not show up for a scheduled appointment, a **cancellation fee of \$50 will be charged directly to you.**

❖ *This \$30 fee charged is NOT covered by insurance, and is DUE AT YOUR NEXT APPOINTMENT BEFORE therapy services will be rendered.* PLEASE INITIAL _____

- For *Worker's Compensation clients, we are unable to charge this fee, though we are obligated to inform your insurance / case manager of missed or cancelled treatment sessions. Please be advised, that this may negatively affect your claim, but we are required to let your carrier know.*
- Active Health & Restoration reserves the right to waive fees at its discretion, for illness and emergency situations, or any reason deemed necessary. *We also reserve the right to discharge a patient for cancelling and/or not showing for 3 or more appointments.*

Please understand your symptoms may fluctuate greatly, especially over the first 2-3 sessions, so please DO NOT CANCEL if you are feeling worse or have more pain, as we need to see you under those circumstances to adjust treatment, help alleviate those symptoms, and/or refer you to the appropriate provider. Also, IF you are feeling better, keep your appointments so we can progress with your plan, and continue to correct underlying causes which will prevent future issues.

I fully understand, and agree that I should be charged a \$50 fee for not showing up for an appointment, or for cancelling within 24 hours of a scheduled appointment. I also understand, and agree, that I am required to pay that fee before I receive further therapy.

_____/_____/_____
Print Name / Signature / Date
(Patient's name and signature unless under 18, then guardian or responsible party)

Email my appointment reminders to: _____

Appointment reminders: As a courtesy to you, in addition to an email 24 hours in advance, we will try to give you a reminder call or text, either the evening before, or the AM of your appointment. If you **DO NOT WANT** a courtesy call, *please circle no and initial here:*
NO _____ reminder call wanted.