



Momentum Physical Therapy and Fitness Attendance Policy

Momentum Physical Therapy and Fitness strives to provide the highest quality of care while attempting to accommodate each patient's schedule. Consistent attendance and adherence to the planned treatment regimen is paramount to your care and recovery. While we are sensitive to the fact that an emergency may occur, cancellations, tardiness and absences reduce our ability to accommodate the scheduling needs of our patients. As such, we request your full cooperation with the following company policy:

- If a patient is more than 30 minutes late for an appointment and fails to notify the clinic of the tardiness, treatment may be cancelled and a cancellation fee charged for missing the appointment.
- A scheduled appointment **MUST BE CANCELLED AT LEAST 24 HOURS IN ADVANCE** or a cancellation fee will be charged for that appointment.
- Failure to show up for a scheduled appointment without providing the clinic advanced notification of your absence will result in a fee being charged for that appointment. Furthermore, 2 consecutive absences without advanced notification may result in the cancellation of all your remaining scheduled appointments, as such failures may negatively impact your treatment plan.
- **ALL PATIENTS** that cancel a scheduled appointment less than 24 hours in advance, are late to an appointment or absent from a scheduled appointment will be charged a **THE FULL APPOINTMENT AMOUNT. THE PATIENT IS RESPONSIBLE FOR THE FEE, NOT THE INSURANCE COMPANY OR THIRD PARTY PAYOR.** Please note that a cancellation fee will not be charged if the missed appointment is rescheduled within a week of the tardiness, absence or late cancellation and you do not have another appointment scheduled.
- Repeated failure to comply with this policy will result in your appointments being scheduled based on availability, which will require you to call for an appointment on the day you would like to receive therapy.

By signing below, I acknowledge that I have read the foregoing company policy and agree to its terms

_____ Patient
Acknowledgement/Signature