



Attendance Policy

Thank you for choosing The ISU Physical Therapy and Sports Rehabilitation Clinic for your Physical Therapy services. We will strive to make your therapy experience one of high quality and accessibility. Our therapists pride themselves on treating you in a timely and efficient manner. To make sure that you are able to take full advantage of your appointment time, please consider the following:

- Please come to therapy ready to move, in comfortable clothing or bring comfortable clothing to change into upon arrival.
- Please come prepared to participate fully in the rehabilitation process. We request that you try to attend your appointment without distractions. There are cubbies in the waiting area however you may want to leave your valuables and electronics in your vehicle.
- **We have a NO SHOW POLICY. We cannot provide you the quality care you deserve if you and other patients miss scheduled appointments. This time slot could have been extended to another patient. We charge \$25.00 for missing a routine appointment or for not canceling 24 hours in advance. Insurance will not cover these fees.**
- Please arrive within 5 minutes of your scheduled appointment time. If you are more than 15 minutes late for your scheduled appointment, we may have to reschedule you for a different time. If you arrive late and are seen, your appointment may be shorter than normal as to not disrupt the patients who are scheduled after you.

We understand that sometimes events occur beyond our control and for the most part missed appointments happen by accident. If you need to cancel or reschedule an appointment please call ahead. We appreciate at least 24 hours advance notice: This allows us the opportunity to offer another patient your appointment time.

Note: If you are covered under Worker's Compensation Insurance, it is your responsibility to make sure you try and keep all of your appointments. Your claims adjuster tracks your appointments and is aware of late arrivals, cancels and fails. Your attendance record can affect your claim.

I acknowledge that I have read

Signature of Patient or Guardian of Minor

Date