



Care Medical Group

Care Medical Physical Therapy & Massage Treatment Contract & No Show/Cancellation Policy

In order to ensure that you, the patient, get the maximum benefit from your therapy program, it is essential that you attend all scheduled sessions. Your therapist and the staff in the Care Medical Group Rehabilitation department will do all they can to help you through your recovery. In return, we ask that you attend all therapy sessions and complete your therapeutic home activities as assigned by your therapist. At Care Medical Group Physical Therapy, we see the value in the therapist and patient working together toward a complete and speedy recovery.

Care Medical Group Physical Therapy & Massage requires at least a **24-hour** notification if you are unable to attend your scheduled therapy session. If a 24-hour notification is not provided, a **\$60.00** fee will be billed to the patient (not insurance company), payable at the next appointment. We understand that circumstances arise that prevent you from attending your appointment. These cases will be weighed on an individual basis and treated appropriately. To protect our providers and patients, if you are sick please call to cancel your appointment even if you cannot give a 24-hour notice. **If two consecutive sessions are missed without a cancellation notification, all existing appointments will be canceled. The patient will be required to return to his/her physician prior to resuming therapy.**

Thank you for your cooperation.

I, (print name) _____, agree to complete the physical therapy/massage program ordered by my physician. I understand there is a 24-hour cancellation/no-show policy for therapy.

Signature

Date