

**BATON ROUGE**  
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**DENHAM SPRINGS**  
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## **MISSED APPOINTMENT POLICY**

We strive to provide our patients with the utmost professionalism and excellence of service. Our commitment to your prescribed therapy program requires your commitment as well. Because we care so much about you, we realize that it would be a disservice to you if we did not emphasize this to you upon beginning your time with us.

Your adherence to the recommended number of treatments is a vital component of your progress therefore we have certain rules that need to be followed to ensure the most optimum results.

With the exception of serious emergencies, it is expected that you keep all your appointments. These appointments will be scheduled upon the completion of your initial evaluation. They will be scheduled in accordance with the plan of care your therapist has created for you. Should you need to re-schedule an appointment, it is required that you provide us with a **24 hour** notice. To reschedule an appointment please call our Front Desk to arrange your makeup appointment. This appointment must be scheduled within the same week, preferably the next day. All attempts will be made to accommodate this request, however, due to the popularity of our therapists, we can not guarantee this. In the event your requested reschedule appointment is not immediately available, we will place your name on our waiting list.

Additionally, we suggest arriving at least 10 minutes prior to your appointment. This time should be utilized to take care of signing in, copays, and changing clothes, if necessary. Patients arriving more than 15 minutes after their scheduled time may be required to reschedule.

**In instances of cancellations without 24 hour notice, we reserve the right to charge you a **\$25.00 fee**. Regarding any no show appointments, a **\$50 fee** will be assessed. Payment of these fees **MUST** be paid at the following scheduled visit.**

In instances of repeated noncompliance with your prescribed plan of care, we reserve the right to discontinue your care with our clinic. In the unfortunate case that this should occur, we will contact your prescribing doctor and inform him of these changes.

Furthermore, for patients covered by Worker's Compensation, Auto, or Attorneys, please be aware that this information will be available to the individual handling your case. Negative information regarding treatment compliance could ultimately impact your case status or outcome.

We appreciate you greatly as our patient and strive to accomplish all the goals that have been set for you. We look forward to assisting in your journey to becoming pain free.

**I have read and understand the above policy and copy has been provided to me for my records.**

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Patient Signature

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Date