



Kirkland and Novelty Hill Physical Therapy

Cancellation – No show Policy

The therapists and staff of Kirkland and Novelty Hill Physical Therapy are glad you are here. **You** are the reason this Physical Therapy practice exists and we promise to never forget that! Your successful rehabilitation is our top priority. To achieve the best possible outcome we and/or your doctor have recommended a particular treatment schedule. To attain these results, it is very important that you attend your therapy sessions as scheduled.

We promise that 100% of our effort will go into your rehabilitation, but we need 100% from you as well. We reserve time in our schedule specifically for you. With this in mind, we ask your cooperation by making every effort to keep scheduled appointments.

Please review the guidelines we have put in place to ensure that you get the most out of your experience at Kirkland and Novelty Hill Physical Therapy.

1. Please provide our office with 24-hour notice to change or cancel an appointment. Patients who do not attend a scheduled appointment or do not provide 24-hour notice to change a scheduled appointment will be responsible for a \$50.00 office visit charge. This charge cannot be billed to insurance and must be paid on or before the next scheduled appointment.

2. If, you are late for an appointment, you will be seen as soon as possible, and for the length of time remaining to your appointment. If you are over 20 minutes late your appointment may have to be rescheduled and you will be charged a \$50.00 office visit charge.

3. For Worker's Compensation and Auto insurance clients, we are obligated to inform your case manager of any missed treatment sessions.

4. When you do not show as scheduled, three people are hurt. You, because you don't get the treatment you need; the therapist, who now has a space in his/her schedule since the time was reserved for you personally; and another patient who could have been scheduled for treatment if you had given proper notice.

I understand the terms of this form. I realize that I am financially responsible for charges incurred from cancellations or no shows.

Print Name: _____

Patient's Signature: _____ **Date:** _____

Responsible Party (if applicable): _____

Relationship to Patient: _____

Copy given
to patient

Kirkland Physical Therapy, Inc., PS
13118 121st Way NE, Suite 201
Kirkland, WA 98034
Tel: 425 820 8474 • Fax: 425 820 8054
www.kirklandpt.com

Novelty Hill Physical Therapy
23515 NE Novelty Hill Rd, Suite B-213
Redmond, WA 98053
Tel: 425 868 5260 • Fax: 425 868 8604
www.noveltyhillpt.com