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Cancel and No Show Policy

We take cancellations and no shows seriously at our clinic because they can make the difference between whether or not your treatment is successful in a timely manner. Usually, your referring doctor and/or therapist has prescribed a set frequency of treatment. Showing up as scheduled for these visits is your most important responsibility. Other than that, all you need to do is follow your therapist's instructions, including your Home Exercise Program, and we will be able to help you achieve your goals in treatment.

- We require **24-hours'** notice in the event of a cancellation. You will be charged a **\$50** charge for any appointment cancelled with less than 24-hour notice. This also applies if you do not show up for your scheduled appointment (no show).
- This charge will **NOT** be covered by insurance and will have to be paid by you personally. Your credit card on file will **automatically** be charged for this fee.
- For patients with Worker's Compensation, Personal Injury and No Fault insurance, documentation of any missed appointments is part of your medical record, and as such it can be forwarded to your Case Manager and Primary Physician. This could jeopardize your claim.
- Repeated late cancels/no shows/excessive tardiness constitute non-compliance with your plan of care and could make you subject to discharge from treatment at our facility.

When you don't show up as scheduled, three people are hurt: you, because you don't get the treatment you need as prescribed by your MD and/or PT; the therapist, who now has space in his or her schedule since the time was reserved for you personally; and another patient, who could have been scheduled for treatment if you had given adequate notice.

We specialize in hands-on one-on-one quality treatment. We are out of network because we think you deserve the best. We do not rely on patient volume and our schedule reflects this. Appointments are scheduled every half hour so that we can take the time to work independently with each individual.

I agree with the above policy and authorize payment for any cancellations or no shows.

Patient Signature

Date

Interviewer Signature

Date