The Physical Therapy Specialty Center



a division of **Primary Care Partners**

**3150 N. 12th Street - P.O. Box 10700, Grand Junction, CO 81502**

***Phone (970) 241-5856 FAX (970) 241-8599*** [***www.ptscgj.com***](http://www.ptscgj.com)

***“Our Head, Hearts and Hands Helping You to Better Health”***

ATTENDANCE POLICY UPDATE

EFFECTIVE APRIL 1, 2021

The Physical Therapy Specialty Center will be ***charging patients a $25 fee*** for any appointments that are no-showed or cancelled without 24 hours’ notice. This will be in conjunction with our existing attendance policy below.

**Late Policy:**

We strive to see you on time. Please arrive 10 minutes prior to your appointment to ensure adequate time for the check in process and be ready to start your therapy session at your scheduled time. If you arrive more than 10 minutes late for your scheduled time, your appointment may be shortened or you may be asked to reschedule.

**Cancellation Policy:**

Physical Therapy progress depends on attending scheduled appointments. If you are unable to attend, please call and speak to us or leave a message at any time at 970-241-5856. We ask for at least 24 hours’ notice if you are unable to come to your appointment. More than two unexcused less than 24 hour cancelled appointments may compromise our ability to schedule future sessions.

***Less than 24-hour notification to cancel an appointment may be subject to a $25 cancellation fee. Your insurance company does not cover this fee.***

**No Show Policy:**

Should you miss your appointment without providing notification (no show) you will receive a letter from our office reflecting that you missed your scheduled appointment.

***PTSC charges a $25 No Show Fee. Your insurance company does not cover this fee.***

More than two unexcused no showed appointments may compromise our ability to schedule future sessions.

**We understand that there are extenuating circumstances that can jeopardize your on time arrival and attendance. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment.**

**Our staff will work with you to ensure continued care if you experience events that are beyond your control.**

Patient Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Acct Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Updated 2/2021