**SCHEDULING POLICY**

First and foremost, we would like to welcome you to Hamilton Physical Therapy, LLC. Our staff looks forward to the opportunity to help you work toward your goals. In order to provide you with the best possible care and to ensure that all patients have access to our services, we would like you to review and agree to the following:

**Appointments:**

1. Please make the utmost attempt to attend all scheduled appointments, as it is an individualized opportunity with our therapist to help better serve your needs.
2. If you are going to be 10 or more minutes late for your scheduled appointment, we may have to reschedule. In those cases, we request that you please call ahead to assure that we can still provide you with the individualized experience we strive to provide to all of our patients.
3. Call our clinic, in advance, if you will not be able to make a scheduled appointment. We understand that life happens and unexpected situations arise. A cancel is much better than a no-show or no-call. Thank you for your consideration and assistance in advance.
4. IMPORTANT. We have a policy that requires us to collaborate with your referring provider when 3 no-show or 3 no-call appointments occur. We will then determine recommendations going forward. At the very least, a new referral will be required in order for you to continue with physical therapy.

**Criteria for Discharge:**

We will work with you in a collaborative way to ensure a positive and successful physical therapy experience. Given the landscape of how insurances affect what we do, measurable progress towards your goals is required to continue with our services.

**Here are the following reasons for discontinuation/discharge from Hamilton Physical Therapy, LLC:**

1. Physical therapy functional goals have been met. (This is ideal!)
2. Change of medical status (illness, surgery, etc.)
3. Limited progress has been made toward achieving your functional goal (refer back to provider for a new course of action).
4. 3 no-show/3 no-call appointments

**I have read, understand and agree with the above policy and procedures.**

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**Patient Signature Date**