

**SCHEDULING POLICY**

We would like to welcome you to Hamilton Physical Therapy. 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 24 hours in advance, if you will not be able to make a scheduled appointment. We understand that life happens, and unexpected situations arise.
4. IMPORTANT. We communicate with your referring provider when we experience no-show or excessive cancels.
5. We will work with you in a collaborative way to ensure a positive and successful physical therapy experience.

Attendance of scheduled appointments is an important aspect of that positive experience.

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

1. ***Failure to show to an appointment (No Show Appointments will be subject to a $100 fee).***

* 1 no show-you will receive a reminder call for the next appointment.
* 2 no show-you will receive a reminder call for the next appointment, all other appointments will be deleted, and you will have to schedule one at a time.
* 3 no show-you will be discharged from our care.

1. ***Canceling an appointment (Excessive Cancelled Appointments will be subject to a 50.00 fee).***

* 1 cancel-you will receive a reminder call for the next appointment.
* 2 cancels-you will receive a reminder call for the next appointment.
* 3 cancels or more-clinic director review
  + After review if it is determined that you should remain under our care, you will remain on the schedule. If you cancel appointment after, or fail to show, you will be subject to being only able to schedule 1 visit at a time. **Excessive cancellations will be subject to a $50.00 fee** and will put you at risk of discharge from our care.

1. ***Tardiness***

* If you are 10 minutes late to a scheduled appointment, please note, your treatment time will be shortened.
* If you are more than 10 minutes late to a scheduled appointment, upon arrival you may be asked to reschedule your appointment.
* Habitual tardiness (3 or more) will put you at risk of discharge from our care.

If you are scheduling appointments one at a time, you may do it after your attended visit or call back when you know your availability. You will be notified of the schedule change by the front desk due to inconsistent attendance.

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

**Patient Name (Printed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Patient Signature Date**

*HPT Revised: 01/07/2024*