



Appointment Cancellation Policy

Failure to keep your scheduled appointments at Elite Sports Physical Therapy (ESPT) hinders our ability to provide the best care to our patients.

We ask that you show us consideration by calling at least 24 hours prior to your appointment if you are unable to attend. Please call ESPT at: **(510) 656-3777** with your notification. This will allow us the opportunity to offer that appointment to another patient.

Repeated late cancellations or no-shows are disruptive to the optimal delivery of care to you and our other patients. Missed appointments prevent other patients from coming in at the same time and affect the consistency of your own rehabilitation program. As a result, **3 late cancellations or no shows will result in discontinuing physical therapy at ESPT.** In the event that you are discharged from our care, your referring provider or case manager will be notified of the reason for discharge from physical therapy. Late cancellations due to illness or family emergency are excluded from this policy.

At Elite Sports Physical Therapy, failure to give the 24 hours notice necessary prior to cancellation, will result in a **"No-Show Appointment Fee."** This fee cannot be billed to your insurance company and will be your direct responsibility.

The No-Show Appointment Fee is as follows:

- **Physical Therapy Appointment- \$50**

Please provide valid credit card information in the space below. You will only be charged if you do not provide appropriate notice for your cancellation. You will be notified prior to being charged by ESPT. All phone messages received are recorded in a timely fashion in our computer system with a time and date stamp. You may dispute charges in writing to ESPT. ESPT reserves the right to waive fee or honor charges at its discretion.

Name: _____

Credit Card Type: Visa MC AMEX Discover Other

Credit Card #: _____ Exp. Date: _____

I understand Elite Sports Physical Therapy's appointment cancellation policy and understand my responsibility to plan appointments accordingly and notify ESPT appropriately if I have difficulty fulfilling my scheduled appointments.

Patient Signature

Date

Witness Signature

Date