400 Middle St, Bristol, CT 06010/ Phone: 860-589-0444/ FAX : 860-314-1588
www.BristolPhysicalTherapyLLC.com

CANCELLATIONS / NO-SHOWS / PAYMENT RESPONSIBILITY

We are committed to providing you, our valued patients, with excellent quality and convenient physical therapy services. We reserve time in our schedule specifically for you. Toward that end, we ask your cooperation by making every effort to keep scheduled appointments. If you cancel last minute, or no-show, then you are affecting other patients who may be waiting for an appointment.

WE ASK YOU TO GIVE AT LEAST 24 HOURS NOTICE FOR AN APPOINTMENT CANCELLATION.

Fees (not covered by health insurance) for missed appointments are as follows:

- **Cancellations with less than 24 hours notice: $25 per instance**
- **No-show Physical Therapy appointment: $85 per instance**
- **If you are more than 15 minutes late, it will be considered a no-show, as we cannot properly treat you in the time remaining. You will be charged the $85 no-show fee.**
- ***LATE AND NO-SHOW FEES MUST BE PAID PRIOR TO ANY FUTURE VISITS***

Due to constant changes with health care insurance, it is each patient's responsibility to know how their insurance works in terms of coverage.

ALSO, PLEASE LET US KNOW IF YOUR INSURANCE HAS CHANGED, SO WE CAN BILL THE CORRECT INSURANCE COMPANY IN A TIMELY MANNER.

PATIENTS ARE RESPONSIBLE FOR ALL CHARGES, REGARDLESS OF INSURANCE.

PAYMENT/ CO-PAY IS DUE AT THE TIME OF SERVICE

I understand it is my responsibility to check with my insurance company to verify what my policy covers, as well as my responsibility to pay deductible, co-payment or co-insurance.

Patient Name (printed) ____

Patient Signature ________________________________ **Date** ______________

Parent Signature (if patient under 18) ____________________________________