



In order to optimize your therapy, we ask that you please do the following:

- ❖ Arrive on time for your appointment. If you are going to be more than 15 minutes late to your appointment, please call us to reschedule.
- ❖ Please sign in for treatment each day.
- ❖ Please familiarize yourself with the 24 hour cancellation policy (*refer to the section below*).
- ❖ Please schedule ahead; 6-10 visits to ensure your preferred appointment time and continuity of care.
- ❖ Wear loose fit clothing appropriate for exercise. Please do not wear jeans, dress shirts, skirts which can make treatment difficult.
- ❖ Please leave food and beverages outside of the clinic (you may bring your own bottle of water).
- ❖ Please wash your hands and feet before treatment (if you are a foot/ankle patient).
- ❖ Please remove your shoes while on the treatment tables and equipment.
- ❖ Please turn off your cell phones.

Cancellation/No Show Policy

A 24-hour notice is required in the event of a cancellation or a no show. Failure to provide such notice will result in a charge of \$50.00 (day of cancellation) and \$75.00 (no show) which will not be covered by your insurance; rather it will be billed directly to the patient.

- ❖ If you are uncomfortable leaving your credit card information on file we can bill you directly.
- ❖ We do our best to remind you of your appointments however, scheduling and cancelling appointments is ultimately your responsibility. Failure to do so will result in the above referenced charges.

Credit Card Information:

Visa

MasterCard

Credit Card Number: _____

Expiration Date: _____ 3-Digit Security Code: _____

The above information has been explained to me. I understand that in the event of a late cancellation or no show, I authorize Core Performance Physical Therapy to charge the amount of \$50 for a late cancellation and \$75 for a no show.

Patient /Parent/Guardian Name (Print Name)

Patient/Parent/Guardian Signature

Date