



## PATIENT ATTENDANCE POLICY

At *Advantage Physical Therapy and Rehabilitation, LLC* we strive to provide our patients with the excellent service and care. Our commitment to your well-being and gain in your physical abilities is something everyone in our clinic takes quite seriously. We pride ourselves on providing **PERSONALIZED, ONE-ON-ONE** care. In order to provide this level of service we reserve 30-minutes for **EACH** individual patient.

Because we care so much about you we realize that it would be a disservice to you if we did not emphasize the importance of your own commitment to your care and well-being. Your adherence to the recommended number of treatments is a vital component of your progress with our services; therefore we have certain policies in place in order to ensure the most optimal results.

**CANCELLATIONS** – Consistent attendance and taking an active role in your treatment is one of the keys of successful rehabilitation & repeated last minute cancellations imply a lack of commitment to your recovery. Thus, if for any reason you must cancel an appointment our office requires **24-hour Advanced Notice**. Cancellations within the 24-hour period or missed appointments are subject to a **\$50.00 Short Notice Cancellation/No Show Fee**.

NOTE: These fees must be paid personally – as your insurance does not cover charges for missed appointments. **Payment will be due at or prior to your next scheduled appointment.**

**LATE ARRIVALS** - Arriving on time is also a critical part of delivering optimal care to our patients. Understandably, arriving late from time to time is an unavoidable part of life. However, chronic late arrivals again demonstrate a lack of commitment to your healthcare and recovery.

**REPEATED NON-COMPLIANCE** – In instances of repeated non-compliance with your scheduled visits, we also reserve the right to discontinue care and we will inform your physician and/or case manager of the fact that your service has been discontinued due to non-compliance with their prescribed rehabilitation order.

I have read and understand the above policies and agree to be bound as such.

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Patient/Guarantor Signature

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Date

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