



**STATE OF FRANKLIN HEALTHCARE ASSOCIATES
PHYSICAL THERAPY**

NO SHOW / CANCELLATION POLICY

Welcome to SoFHA Physical Therapy Department. We ask that you please take the time to review the following policy regarding no show and cancellation appointments.

We understand that scheduling conflicts, emergencies, and illnesses can occur from time to time. However, we request that you give a 24 hour notice if you are not going to be able to attend your scheduled appointment. This allows us to give this scheduled time to another patient. **We will allow one emergency last minute cancellation (less than 24 hour notice) within a 90 day treatment period. Patients who cancel or no show for a 2nd last minute cancellation within this period will be charged a \$35 fee. Patients who do not show for two scheduled appointments will result in cancellation of all future appointments.** Please understand that insurance companies require documentation of your progress for payment of services.

SoFHA has developed this policy in an effort to better serve our patients and keep the overall costs down for everyone. If patients do not show for scheduled appointments, available time has been lost for other patients.

We want to provide for your healthcare needs. Your understanding and cooperation helps us to provide appointments for all patients requiring physical therapy.

Please sign below as confirmation that you have read and understand this policy. You may be provided a copy upon request.

Patient or Guardian Name

Account Number

SoFHA Representative

Date