



CANCELLATION & NO-SHOW POLICY

Sports & Wellness Physical Therapy reserves appointment times specifically for each patient. Missing visits prevents other patients from accessing care and reduces the availability of treatment times for all. To ensure fair and timely access to care for all patients, the following standards apply.

APPOINTMENT REMINDERS

As a courtesy SWPT provides appointment reminders. These reminders do not replace a patient's responsibility to attend scheduled appointments. Please circle your preference and fill in the number or email you'd like to place on file for this purpose:

Text: _____ Email: _____ Phone Call: _____

CANCELLATION OR NO-SHOW OF APPOINTMENTS

Please notify our office at least **12 hours in advance** if you need to cancel or reschedule your appointment. *This allows us to offer your time to another patient in need of care.* Messages may be left on voicemail or sent by email outside of business hours.

A "No-Show" is when a patient does not arrive for their scheduled appointment and has not provided notice. When this happens, that appointment time cannot be given to another patient.

WHAT HAPPENS WHEN VISITS ARE MISSED

Patients who miss appointments lose the ability to schedule future appointment times. Patients may be placed on **same-day scheduling only**, meaning:

- *No appointments can be scheduled ahead of time*
- *Same day appointments are offered ONLY if space is available when requested*

PRIVATE INSURANCE, MEDICARE, & SELF-PAY PATIENTS

Patients with private insurance, Medicare or self-pay status will be billed a **\$50 missed-visit fee** for appointments cancelled with less than 12 hours' notice or missed without notice. This fee is NOT covered by insurance and must be paid before future appointments can be scheduled.

CENCAL OR WORKER'S COMPENSATION PATIENTS

For patients with CenCal/Medi-Cal or Workers' Compensation insurance plans, missed visits and attendance issues are documented and reported to the referring provider or claims administrator as required.

Patient Acknowledgment

I have read and understand the Cancellation & No-Show Policy of Sports & Wellness Physical Therapy and agree with its terms.

Print Name: _____

Patient / Guardian Signature: _____ Date: _____