

## No Show/Late Cancel Policy

Thank you for entrusting your healing to ORTHOPEDIC & TMJ PHYSICAL THERAPY CENTER. When you schedule an appointment with us, we set aside enough time to provide you with the highest quality care. Should you need to cancel or reschedule an appointment, please contact our office as soon as possible, and *no later than 24 hours prior to your scheduled appointment*. This gives us time to schedule other patients who may be waiting for availability.

The following policies are effective as of Friday, January 1<sup>st</sup>, 2021.

- A patient who fails to show for an appointment **will be charged a \$40 fee**. After which, if you do not call to confirm your future appointments, they will be cancelled.
- A patient who late cancels/reschedules without a minimum 24 hour notice, **will be charged a \$40 fee**.
- **All fees are charged to the patient, not the patient's insurance company, and must be paid prior to the patient's next visit.**

As a courtesy, we offer appointment reminders that notify existing patients of appointments 2 days prior. For new patients, we personally call to confirm appointments on the day before your appointment. If you do not receive a reminder call or message, the above policy still applies. The patient is responsible for their scheduled appointments.

We understand that extenuating circumstances do occur, and we are committed to providing the best solution for both you and our practitioners. Please reach out to our office via phone or email 24 hours a day, 7 days a week. We have people in the office 6 days a week to check messages. Failure to communicate with us within 48 hours after the missed visit will result in cancellation of all future appointments, until you reach out to us.

ORTHOPEDIC & TMJ PHYSICAL THERAPY CENTER  
9204 SE MITCHELL ST  
PORTLAND, OR 97266  
503-777-6746 OFFICE@HANDS-ONHEALTHCARE.COM

I have read the No Show/Late Cancel Policy for ORTHOPEDIC & TMJ PHYSICAL THERAPY CENTER and agree to its terms and conditions.

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Patient/Legal Guardian Signature

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If Legal Guardian, Relationship to Patient

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Printed Name

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Date