**Attendance Policy**

**We Need Your Help**

To ensure we provide you and our other valued clients with the best possible care – it is important that you understand and agree to our terms and conditions as outlined below:

**1. Be on Time**

Please be punctual for your scheduled appointments. If you arrive late, we may not be able to provide your full treatment as we have allocated the following appointment time to another patient. We will do our absolute best not to keep you waiting either.

**2. Provide 24-hours’ Notice When Canceling an Appointment**

Appointment times are reserved exclusively for you. We kindly request your cooperation in honoring your scheduled appointments and providing adequate notice for cancellations, allowing us to accommodate other patients in need of skilled therapy. With the exception of serious emergencies, please notify us at least 24 hours in advance to allow us to offer that time slot to another patient.

If possible, kindly use the patient portal to cancel as it is the most efficient way to cancel and allow us to offer the appointment to another patient. No worries if you aren’t able to cancel online. You can always call, text, and/or leave a voicemail at (551) 246 – 9340.

**3. No Shows & Multiple Cancelations**

If you fail to show up for two (2) sessions during the course of your care without notice of cancelation, and/or cancel two (2) times with less than 24-hours’ of notice; we reserve the right to cancel all of your future appointments. From that point forward, you will need to schedule one visit at a time by calling on the day you are available to come in for therapy.

**4. Recurring Patterns**

If a recurring pattern of policy violations occurs, we may be compelled to impose a cancelation/no-show fee that will not be covered by your insurance. We sincerely hope to avoid implementing such measures.

By my signing below, I attest that I have read carefully and fully understand all items and accept the terms and conditions.

**Signature of Patient or Legal Guardian:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ /\_\_\_ /\_\_\_\_\_

If your medical status changes during your treatment at Optimal Form & Function, LLC (e.g., hospitalization or new diagnosis), you will require a new prescription or clearance from your attending physician to continue treatment.