



Appointment Policy

I understand that my doctor prescribed therapy for me and that physical therapy is an ongoing process which requires regular attendance to be optimally effective. I understand that if I am late for my appointment, I may be given the opportunity to reschedule my appointment or to accept an abbreviated treatment for that day. **I understand that if I cancel or no show for 3 consecutive appointments, Jersey Physical Therapy has the right to discharge me from care for being non-compliant with my physician's orders.**

I understand and agree that Jersey Physical Therapy requires 24 hour advance notice of cancellation. If I fail to give 24 hour notice of cancellation or fail to show up for an appointment, I may be subject to a \$25 charge (which is NOT covered by insurance).

I have read and understand the appointment policy.

Signature: _____ Date: _____

_____/_____/_____

(Parent or Legal Guardian if patient is under 18)