



FirstCare

Physical Therapy

Name _____

Account Number _____

Please acknowledge the following policies by initialing on the spaces provided then sign and date the bottom.

Hours:

- FirstCare Physical Therapy is open 10-7pm Mondays and Thursdays, 8-3pm Tuesdays and Wednesdays and 8-12 on Fridays. Reception is available Monday through Friday starting at 8 am to take your calls for appointments and/or cancellations. _____

Appointments:

- Appointments arriving 15 minutes late or later may need to be rescheduled. _____
- We will be unable to maintain a relationship with patients who have multiple late arrivals. _____

Telephone Messages:

- Phone calls received will be returned within two (2) business days. _____
- Please leave only one message. _____

Cancellation Policy:

- If a scheduled appointment is cancelled with less than 24 hours' notice there will be a \$40 Cancellation Fee*. _____
- Urgent Care Reception is available evenings and weekends to take your calls for cancellations if needed. _____
- If a scheduled appointment is missed without notice there will be a \$40 No Show Fee*. _____
- We will be unable to maintain a relationship with patients who have multiple cancellations or those who miss two (2) appointments. _____

**These fees must be paid before any other appointments can be scheduled.*

Signature: _____ Date: _____