



New Patient Information

Appointment Policy

Thank you for choosing **Dynamic Physical Therapy**. We consider it a privilege that you have chosen to see a Dynamic Physical Therapist. From the moment you walk in the door until the time we have to say our goodbyes, we are committed to providing you with exceptional service. Dynamic Physical Therapy is committed to respecting your valuable time by treating promptly based on appointment time. We ask for your cooperation/understanding with the following:

- Patients are seen according to their appointment time and not the time they arrive.
- If you are running more than 10 minutes late we ask that you call us to reschedule your appointment for either later the same day or another day
- Exceptions may be made to this policy based on unforeseen circumstances.

In today's hectic world, unplanned issues come up for all of us. At Dynamic Physical Therapy we have instituted an appointment cancellation/"no show" policy for all physical therapy appointments. We will gladly reschedule your appointment up until 24 hours before your appointment. In other words, you must cancel your scheduled appointment by calling us a minimum of 24 hours in advance. That way, the open slot can be filled with someone needing of an appointment.

We take our appointment policy seriously because when a patient misses an appointment, three people are adversely affected:

- You, the patient – for not receiving the treatment you need
- Another patient – who could have had your appointment time
- Your therapist – as now he or she has a gap in their schedule

• **24 Hour Advance Notice \$25 fee:**

If you wish to cancel an appointment we require a minimum of 24 Hours advance notice. Failure to cancel according to policy may result in a \$25 fee that will be due prior to your next visit. The \$25 charge is intended to act as a deterrent from making last minute changes thereby making our schedule more predictable. Additionally, by giving advance notice we are better able to accommodate other patients that are looking to Get Well.

I understand a \$25.00 fee may be assessed if I violate the appointment policy. _____ (Initial)

NORTHSHORE 1550 Ochsner Blvd. • Covington, LA • **985.893.4700** phone • **985.893.3211** fax

WESTBANK 7520 Westbank Exp. • Suite D • Marrero, LA • **504.371.4226** phone • **504.371.4228** fax



New Patient Information

Specialty Programs

Specialized One on One Care Requires a Commitment from You!

- **12 Hour Advance Notice Specialty Visit fee \$40:**

Aquatic Rehabilitation and Women's Health Programs are designed based on a one on one format with an entire hour dedicated for only you. We have gone to great lengths to make these programs unique in terms of one-on-one care. Missed visits could jeopardize the success of these very specific programs.

_____ *(Initial)*

Saturday Clinic Visits are a specialty service that was created to meet the needs of patients with hectic schedules however, these visits bring on an added expense to Dynamic and visit slots are limited. Agreeing to a visit on Saturday will require a commitment from you to attend as scheduled.

_____ *(Initial)*

If you wish to cancel an appointment we require a minimum of **12 Hours advance notice** so that we can fill your appointment time with someone else in need. Failure to cancel according to policy will result in a \$40 fee that will be due at the time of your next visit.

*Late arrival between 5 and 10 minutes could result in land based/alternative/shortened treatment

*Late arrivals greater than 10 minutes could result the inability to fit in a visit altogether which will be considered a "No Show" and a \$40.00 fee will be assessed and due at next visit.

Participation in our **aquatic rehabilitation, women's health** and **Saturday appointments** requires a commitment on your behalf to arrive on time and ready to be treated. Our commitment in return is to offer a professional/friendly environment with skilled therapists ready and able to treat you on time.

I understand a \$40.00 fee will be assessed if I violate the appointment policy. _____ *(Initial)*

Patient Signature

Date