

Encompass Physical Therapy, LLC
130 Admiral Cochrane Drive, Ste. 101
Annapolis, MD 21401
Ph: 410-266-1500 Fax: 410-266-1369

Cancellation Policy

Encompass Physical Therapy strives to provide each patient with the highest quality of care while attempting to accommodate your schedule. While some patient cancellations are inevitable, cancellations with less than 24 hours' notice, missed appointments (no-shows) or being late for a scheduled appointment, have become a great expense to our practice.

Encompass Physical Therapy time slots are in high demand. In an effort to serve you better, we ask for proper notice for any cancellation. Please understand that we do NOT view this policy as a 'punishment.' This charge is not a reflection of anyone's 'fault,' or our attempt to place 'blame.' The majority of missed appointments happen for understandable reasons and are often a result of unforeseeable circumstances. It is simply a mechanism for us to mitigate the risk and financial burden **we** assume by blocking *prolonged* and *dedicated* one-on-one treatment sessions.

****There will be a \$75.00 charge for a cancellation with less than 24 hours' notice; this charge will NOT be covered by insurance and will have to be paid on or before your next scheduled appointment.**

****There will be a \$75.00 charge for a missed appointment; this charge will NOT be covered by insurance and will have to be paid on or before your next scheduled appointment.**

****If you are 15 minutes or late or more for your appointment, your appointment may be rescheduled and the 24-hour cancellation policy will apply. This charge will NOT be covered by insurance and will have to be paid on or before your next scheduled appointment.**

**** Repeated failure to comply with this policy will result in you being terminated as our patient. ****

Remember, there are three people inconvenienced when you do not come in as scheduled:

1. You, because you do not get the treatment you needed.
2. The physical therapist who now has a space in his/her schedule since the time was reserved for you.
3. Another patient who could have been scheduled for treatment if you had given proper notice.

Our goal is to restore you to your full functioning capabilities. This can only be accomplished with consistent, uninterrupted care. Thank you in advance for understanding our goal for you.

I have read and understand the above cancellation policy. As a patient of **ENCOMPASS PHYSICAL THERAPY, LLC**, I will adhere to this policy and will be financially responsible for any fees incurred as a result of this policy.

Patient Signature

Date

Patient Name