



3425 Austin Bluffs Parkway, Suite 105
Colorado Springs, CO 80918
Phone 719.265.6601 • Fax 719.265.6649

6140 Tutt Blvd., Suite 210
Colorado Springs, CO 80923
Phone 719.596.0880 Fax 719.596.0899

Patient Name: _____

General Information:

- Treatment time includes therapist documentation time.
- If you have any questions regarding your bill, please contact our billing office at 719-265-6601.

Cancellation & “No Show” Policy:

Our goal is to achieve optimal outcomes with you while you are receiving rehabilitation. You are a very important member of our rehabilitation team. Our goal is to keep appointments on schedule, please help us by arriving for your appointment on time. We will do our best to start your treatments promptly. If you need to cancel or reschedule an appointment, please call us as soon as possible. If three or more cancellations occur for any reason, we will discuss the need for a change in your treatment plan and advise your physician. If you fail to keep an appointment and do not call to cancel, this will be considered a “no show”. THERE WILL BE A \$25.00 CHARGE TO YOUR ACCOUNT FOR ALL “NO SHOW” APPOINTMENTS. After two consecutive “no shows” you will be discharged from therapy and a new prescription will be required to restart treatment.

Patient Signature: _____ **Date:** _____