



Patient Name: _____

General Information:

- Treatment time includes therapist documentation time.
- If you have any questions regarding your bill, please contact our billing office at 877-244-9309 or 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 intention is to keep your appointments on schedule. We would appreciate your efforts to 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 within 24 hours of your appointment. The numbers to call are listed below. 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 have not called to cancel, the appointment will be considered a “no show”. THERE WILL BE A \$25.00 CHARGE TO YOUR ACCOUNT FOR ALL “NO SHOW” APPOINTMENTS. After three consecutive “no shows” you will be discharged from therapy and a new prescription will be required to restart treatment.

***Active Military Only:** If you are an active member of the Armed Forces, we have been asked to contact your department OIC (Officer In Charge) if you cancel or no show within 24 hours of your appointment. Please provide the name and contact phone number for your OIC or IDS (Immediate Department Supervisor):*

OIC/IDS Name: _____ *Phone:* _____

Patient Signature: _____ **Date:** _____

3425 Austin Bluffs Pkwy, Suite 105 • Colorado Springs, CO 80918 • Phone: 719.265.6601
6160 Tutt Blvd, Suite 240 • Colorado Springs, CO 80923 • Phone: 719.596.0880
1230 Tenderfoot Hill Rd, Suite 155 • Colorado Springs, CO 80906 • Phone: 719.527.3383