



palmetto advanced therapy services

ATTENDANCE AGREEMENT

We appreciate you choosing our facility for your therapy services!

We want to ensure you are aware: of the importance of consistency in your attendance of these appointments. First and foremost, we are committed to assisting you to the highest level of functional independence as possible. This requires consistent delivery of the therapy service specific for your plan of care. Second, we will reserve a therapy staff member to work specifically with you during your appointment times.

We realize that scheduling conflicts do occur and ask that you contact us at least 24 hrs in advance when canceling appointments. Our goal will be to reschedule that appointment within the same week.

Regulations that govern our therapy service require that your physician reviews your plan of care.

Our policy includes:

- Forwarding a copy of the initial evaluation/plan of care to your physician .
- Forwarding pertinent revisions to your plan of care to your physician .
- Notifying your physician when missed visits potentially affect your plan of care .
- If applicable, notifying your insurance representative of missed visits.
- If you miss TWO (2) scheduled therapy appointments over the course of your care, we do reserve the right to discontinue treatment at that time.
- If you are going to be late for an appointment, please call our department to let us know at least. We will make every effort to provide care for you if you are late, however, you may be rescheduled depending on the therapist's schedule at that time.

My signature below reflects that I have been informed and understand the above and states my commitment to attending my appointments.

Patient

Date

Witness

Date