



## Moriarty Physical Therapy Cancellation/No Show Policy

We strive to provide our patients with excellent service and quality care. Our commitment to your well-being and healthcare is something that we at Moriarty Physical Therapy take very seriously. Your commitment to your physical therapy program is critical to your success. We will recommend treatment and set goals for you. In order to reach those goals you must do your part. Your most important part is to attend each and every appointment. If you need to change a scheduled appointment, you may do so by calling us at 845-454-4137. Listed below are the cancellation and no show policies that Moriarty Physical Therapy has in place:

- If you should need to cancel any appointments, we require 24 hours notice otherwise you will be charged a **\$25 cancellation fee**.
- If you do not show for your appointment and have not called to cancel, you will be charged a **\$50 no show fee**.
- These charges cannot be billed to insurance and must be paid on or before the next scheduled appointment.
- If you miss 3 consecutive appointments, we may need to discontinue your treatment.

We thank you for choosing Moriarty Physical Therapy and we look forward to working with you and helping you reach your goals.

Most health insurance policies provide coverage for Physical Therapy. However, contracts vary concerning percentage of payment and we suggest you check with your insurance company for the information. Filing of insurance claims is a service provided to Moriarty Physical Therapy's patients and in no way relieves the patient of the responsibility for the bill. Copayments and coinsurances are expected at the time of service. Moriarty Physical Therapy accepts VISA, MasterCard, Discover Card and American Express as well as personal checks and cash for the patient's convenience.

I authorize workers compensation, no-fault, or my insurance company to pay Moriarty Physical Therapy, P.C. directly for medical benefits. I authorize the release of any medical or other information necessary to process my claims or obtain authorization for treatment. By signing this form I acknowledge that I understand the cancellation/no show policy that Moriarty Physical Therapy, P.C. has in effect.

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Print Name of Patient

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Date

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Signature of Patient or other authorized person