

## ATHALON PHYSICAL THERAPY

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115 East 57<sup>th</sup> Street, Suite 605  
New York, New York 10022

Ph 212-838-8023  
Fax 212-838-8027

### PATIENT AGREEMENT

At Athalon Physical Therapy we are aware of how important your time is, so we make every effort to begin your appointment at its scheduled time. We are also sensitive to the fact that emergencies beyond your control do occur. However, cancellations, no shows and late arrivals hinder our ability to administer treatment to you, as well as decrease our ability to accommodate other patients. Therefore, we require the following patient agreement:

- To cancel an appointment, we require a notice of **one full business day** prior to the scheduled appointment; answering machine is on at all times. (e.g. Monday appointments require a notice on the Friday before.)
- Cancelled or missed appointments result in a **\$75 charge**. This fee is not covered by insurance.
- An appointment without proper notification can be **rescheduled** to another day within the same week to **avoid the cancellation charge** as long as it does not interfere with previously scheduled appointments or cancelling an existing appointment.
- If you are running late, we request that you call us at **212-838-8023**. If you arrive more than 15 minutes late, we will do our best to accommodate you but cannot promise that we will be able to treat you.
- Please inform the front desk of all schedule changes.
- Please be advised that we submit to your insurance for reimbursement of our services. If there is an outstanding balance remaining, you may be responsible for that balance.

My signature confirms my agreement to the above conditions.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date