

Aquatic Health & Rehabilitation Services, Inc.

595 N. Courtenay Pkwy #203
Merritt Island, FL 32953
Phone: 321-453-8484
Fax: 321-453-8448

5360 N. Atlantic Ave. Ste E
Cocoa Beach, FL 32931
Phone: 321-799-8450
Fax: 321-799-8452

Aquatic Health and Rehab Cancellation and No-Show Policies

The following are our policies regarding cancellations and no-shows. We take this subject very seriously at our clinics because it can make the difference between whether you succeed in your treatment or not. Usually your referring doctor and/or therapist has prescribed a set frequency of treatment. Showing up and being on time as scheduled for these visits is your most important job. Other than that, all you need to do is follow your therapist's instructions and we will be able to help you achieve your goals in treatment.

- We require 24 hours notice in the event of a cancellation. It is your responsibility when you call in, to have an alternative time in mind that will ensure you get in the full prescribed number of treatments **that week** whenever possible.
- There is a **\$75 charge** for cancellation without proper notice. This charge is not be covered by insurance and will have to be paid by you personally.
- Worker's Compensation patients - documentation of any missed appointments will be forwarded to your Case Manager and Primary Physician. Not keeping your appointments could jeopardize your claim.
- Please understand that your pain will probably increase and decrease as your course of treatment progresses. Either condition can seem to be a reason not to come in: a) you are feeling worse and think the treatment is not working or,
b) you are feeling better and think you no longer need treatment.

Neither of these conditions is legitimate as a reason not to come:
a) if you are in pain, come in and get it fixed,
b) if you are out of pain, now is the time that we can begin doing some real correction of the underlying causes of your problem, and educate you so you won't re-injure yourself.

When you don't show as scheduled, three people are hurt: You, because you don't get the treatment you need as prescribed by your doctor; the therapist who now has a space in their schedule since the time was a reserved for you personally; and another patient who could have been scheduled for treatment if you had give proper notice.

Please co-operate with us in this regard. We are looking forward to working with you.

Patient Signature

Date

Witness

Date