

FARNES

APPOINTMENT POLICY

The Farnes Clinic and Institute dedicate all of their efforts and expertise in meeting your restoration, performance and well-being needs. We believe that our time with you is our most valued commodity, therefore, we are committing 100% of our resources to each of your clinical sessions and we expect the same commitment from each of our clients.

Because we deeply care about your restoration needs, we realize that it would be a disservice to you if we did not emphasize the importance of your own commitment to the care you need to receive and to the actions we ask you to comply with. Please be aware that each appointment you schedule is reserved for your care and if you choose to not show, or cancel with less than 24 hours notice you are limiting the recovery of another patient who may really be in need of treatment time.

We **EXPECT** you to keep all of your appointments. We will make every effort to provide you with the information you need to keep you up to date on current and future appointments. Reminder calls are typically made nightly the day before your scheduled appointment, but they are a courtesy and are made as time allows. It is ultimately your responsibility to keep track and know of your scheduled appointment times.

Our appointment times are 45 minutes for treatment, and 1 hour for evaluations, with few exceptions. If you arrive late, your treatment will end at its scheduled time in order to not keep the next client waiting.

Late cancellations and no shows affect our ability to offer appointments to those who need it. We have patients on a cancellation list at all times and require enough time to fill any appointment time that comes available so that they may obtain the care that they need. If you need to cancel or reschedule an appointment please be aware that **WE REQUIRE 24 HOURS NOTICE.**

IF YOU CANCEL AN APPOINTMENT WITH LESS THAN 24 HOURS NOTICE OR DO NOT SHOW FOR YOUR SCHEDULED APPOINTMENT, YOU WILL BE CHARGED THE MISSED APPOINTMENT FEE OF \$125.00, WHICH IS PAYABLE BEFORE ANY ADDITIONAL SERVICES ARE RENDERED. THIS WILL NOT BE BILLED TO YOUR INSURANCE COMPANY AND IS YOUR PERSONAL RESPONSIBILITY. _____ Initials

We are aware that emergencies come up, and we will review cancellations and no shows on a case-by-case basis. In instances of repeated non-compliance with your scheduled visits, we will discontinue care and inform your physician of the fact that your service has been discontinued due to non-compliance with the prescribed rehabilitation order.

I have read and understand and agree to the above policy:

Client Signature _____

Date _____