



We would like to take this opportunity to welcome you to Penn Medicine Princeton Medical Center (PMC) Princeton Rehabilitation. Thank you for choosing our facility. We wish to provide you with the highest quality of services.

Please read our office attendance policy below:

- As our fees are time based and billed in 15 minute units, the charges may vary from one treatment to the next depending upon the length of time needed to complete your therapy.
- It is very important for your recovery that you attend all of your regularly scheduled appointments. We do understand that from time to time it may be necessary for you to cancel a visit.
- A 24-hour cancellation notice is required. Three (3) failures to cancel within 24 hours will necessitate a discharge.
- Please call if you will be tardy. If you are more than 10 minutes late for your appointment, we may need to reschedule you and it may be written up as a cancellation. This will be based on the Therapist patient load and your treatment plan.
- If you do not show up for your appointment without notice two (2) times, this will necessitate a discharge from therapy.
- If there is no activity for 30 days with your physical therapy, we will automatically discharge the account.

In the event that your primary therapist is unable to present for a scheduled therapy session, an alternate therapist will be offered. If this is not possible, you will be asked to reschedule the appointment. All scheduled appointments are subject to change and you may be asked at times to move your appointment.

Please note that we utilize our cancellation list often. If you are unable to get your desired appointment time, please ask to be placed on our cancellation list.

We ask that you please notify your therapist one-week prior of your next doctor's appointment in order to ensure that a progress note is sent in a timely manner.

Please sign below to confirm receipt of this information. A copy will be given to you upon request. If you have questions, please discuss them with the front staff. Thank you.

Name: \_\_\_\_\_ Witness: \_\_\_\_\_ Date: \_\_\_\_\_ =