

FREDONIA PHYSICAL THERAPY, PLLC  
12 BRIGHAM ROAD  
FREDONIA, NEW YORK 14063  
(716) 679-7447  
(716) 679-7446 fax

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**PATIENT MISSED APPOINTMENT POLICY**

We strive to provide our patients with the utmost professionalism and excellence of service. Our commitment to your well being and gain of your physical abilities is something everyone in our clinic takes quite seriously.

Because we care so much about you, 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 do.

Your adherence to the recommended number of treatments is a vital component of your progress with our services; therefore, we have certain rules that need to be followed in order to ensure the most optimum results.

We expect you to keep all your appointments. We will write down the time of your visits so that you do not forget.

With the exception of serious emergencies it is expected that you keep all your appointments. If you need to reschedule an appointment, we require **24 hour notice**. In such a case, please call our office and arrange for a make-up appointment with our Front Desk Receptionist. The make-up appointment needs to be in the same week, preferably the very next day.

**Please be advised that we do have a cancellation fee of \$40 if you either no show or cancel the same day of your first appointment. For future appointments after your initial evaluation, if you do not give 24 hours' notice, you will be assessed a \$20 fee.**

In instances of repeated non-compliance with your scheduled visits, we also reserve the right to discontinue care and will inform your physician of the fact that your service has been discontinued due to non-compliance with the prescribed rehabilitation order.

We appreciate you greatly as our patient and strive to accomplish wonderful results and success for you.

Fredonia Physical Therapy, PLLC

Randall A. Vincek, PT, OCS  
Christine M. Vincek, PT, DPT, OCS  
Bradley T. Rinehart, PT  
Kelly Dougherty, PTA

**I have read and understand the above policy:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_