



Peak Performance Therapy, LLC

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PPTCUS.com

Peak Performance Therapy Attendance Policy

Peak Performance Therapy has an attendance policy to assure that every patient receives the best possible care. We will make every attempt to accommodate your busy life schedule with a therapy schedule that works best for you.

Please initial each below:

- You will be given an appointment printout after your first day evaluation listing all future appointments. **If you do not receive one, please let us know and we will print one for you.** Initial _____

- As you would expect your therapist to be on time, please attempt to be at therapy on time. If you arrive late to therapy, your appointment will still end as scheduled so that the next scheduled patient's treatment can start on time. **If your treatment cannot be completed you may be charged a cancellation fee.** Initial _____

- We realize that obstacles arise in everyday life. If you find that you are unable to make your scheduled therapy visit, please call at least **24 hours** in advance so that we may attempt to fill your scheduled time with another patient. We will make every attempt to reschedule your appointment in a timely manner. Initial _____

If something urgent occurs on the day of a scheduled appointment, please contact us as soon as possible.

*****Not showing up for your scheduled appointment or not contacting the clinic office 24 hours in advance of cancelling may result in a \$90 cancellation fee.***** Initial _____

- After missing 2 scheduled appointments without calling to cancel, **your remaining therapy appointments will be cancelled and you will be notified as being added to the "Short Notice Call List"** (a list used to fill immediate daily openings with minimal notice). Initial _____

- **L&I (WA State Worker's Compensation) patients:** attendance at all of your therapy visits is expected. Attendance records and compliance with therapy will be forwarded to your case manager. **Poor attendance could impact your L&I case and time loss compensation.** Initial _____

****In signing, I hereby acknowledge that I have reviewed the above attendance policy, understand it, and agree with the terms ****

Signature: _____ Date: _____

Printed Name: _____