



Peak Performance Therapy, LLC

519 Eureka Way • Sequim, WA • 98382

P (360)683-8331 • F (360)683-8441

PPTCUS.com

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 evaluation listing all of your future therapy appointments. **If you did not receive one, let us know and we will print one for you.**

_____ 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.**

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

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

Not showing up at your scheduled appointment or not contacting the clinic office 24 hours in advance of cancelling will result in a \$90.00 cancellation fee. _____ (Please initial)

_____ After missing one scheduled appointment without calling to cancel, your remaining therapy appointments may be cancelled and rescheduled at another time. After the second missed appointment without calling, you may be discharged from therapy. More than 2 cancellations without 24hrs notice may result in remaining appointments being cancelled or possibly being discharged from therapy.

L&I / Worker's Compensation patients: Attendance to all of your therapy visits is expected. Attendance records and compliance with the therapy plan will be forwarded to your case manager. Poor attendance could possibly impact your worker's compensation case. **Initial if L&I:** _____

I hereby acknowledge that I have reviewed the above attendance policy and understand it.

Print Name: _____

Signature: _____ **Date:** _____