Attendance Policy - Missed Appointment Fee

Active Life Physical Therapy and Injury Care LLC
1490 E Foremaster Drive, Suite 260, St George, UT 84790
Phone: 435-523-3799 Fax 435-523-3799

At Active Life Physical Therapy and Injury Care LLC, we strive to provide excellent care to our patients in a manner that is efficient and respectful to the healthcare needs of all our patients. Your appointment times are reserved exclusively for you. We understand that occasionally a short-notice cancellation may be necessary due to emergency or unavoidable situations.

1. Cancellation Notice: If you need to cancel or reschedule your appointment, please notify us at least 24 hours in advance. This allows us to manage our schedule and accommodate other patients who may need care.

2. Missed Appointment Fee: If you miss an appointment without notifying us at least 24 hours in advance, a missed appointment fee of $50 will be charged. This fee must be paid at your next scheduled visit.

3. Insurance: Please be advised that the missed appointment fee is not covered by insurance. It is an out-of-pocket expense directly payable by you, the patient. We do not send bills for this. We will collect this at your next visit.

4. Emergencies and extenuating circumstances. You are permitted **one** waiver for an emergency or extenuating circumstance, and the discretion of the management. Waivers are recorded in your chart. If you feel you cannot continue or need to pause therapy, please notifiy us as soon as possible so that we may accommodate another patient.

We appreciate your understanding and cooperation in ensuring that we can continue to provide timely and effective care to all our patients. Please sign below to acknowledge that you have read, understand, and agree to comply with Active Life Physical Therapy and Injury Care LLC's Attendance Policy.

Patient Name (Print): _____

Patient Signature: _____Date: _____

Credit Card on File Authorization Form

Active Life Physical Therapy and Injury Care LLC
1490 E Foremaster Drive, Suite 260, St George, UT 84790
Phone: 435-523-3799 Fax 435-523-3799

Active Life Physical Therapy and Injury Care LLC requests to keep your credit card on file as a convenient method of payment for the portion of services that your insurance does not cover, but for which you are liable. Your credit card information will be kept secure and will only be used for charges that you authorize according to this form.

Patient Information

Patient Name: _____ Date of Birth: _____

Credit Card Information

Cardholder Name: _____
Credit Card Number: _____
Expiration Date: _____
CVV (Security Code): _____

Billing Address
Street: _____
City: _____
State: _____ Zip Code: _____

Authorization

By signing this form, I authorize Active Life Physical Therapy and Injury Care LLC to charge the credit card indicated above for balances due on my account for copayments, deductibles, and missed appointment fees as outlined in the clinic's financial policy and attendance policy.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business office in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day.

I certify that I am an authorized user of this credit card and that I will not dispute the payments with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Signature: _____ Date: _____

Please complete this form and return it to our office to avoid paper billing statements.