

SHIRLEY RYAN ABILITYLAB DAY REHABILITATION ATTENDANCE POLICY AGREEMENT

Patient Name: _____

In order for us to provide you the best possible care and support to achieve your rehabilitation goals, it is important for you to maintain your course of treatment by keeping your appointments. To reinforce this strategy, our attendance policy is as follows:

Shirley Ryan AbilityLab will assess a \$25 cancellation fee for *missed appointments that are not cancelled by 6:00 a.m. on the day of the therapy appointment*. This fee is the responsibility of the patient and will not be covered by insurance.

It is the expectation of the Shirley Ryan AbilityLab Day Rehabilitation Program that patients will reschedule missed or cancelled therapy appointments during that same week to achieve the best outcome.

Additionally, Shirley Ryan AbilityLab's policy is to discharge the patient on the third instance he or she misses an appointment that is not cancelled by 6:00 a.m. on the day of the therapy appointment.

To cancel or reschedule an appointment, or to notify Shirley Ryan AbilityLab you will be late for a scheduled therapy session, please call _____.

I understand and agree to the Shirley Ryan AbilityLab Day Rehabilitation Attendance Policy.

Patient/Caregiver Signature: _____

Date: _____