SHIRLEY RYAN ABILITYLAB OUTPATIENT 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 fee for *missed appointments* and *appointments that are canceled or rescheduled within 24 hours of the scheduled appointment time*. This fee is the responsibility of the patient and will not be covered by insurance.

Additionally, Shirley Ryan AbilityLab's policy is to discharge the patient on the third instance he or she misses a scheduled appointment that is not canceled or rescheduled with *at least 24 hours notice*.

To cancel or reschedule an appointment, or to notify Shirley Ryan AbilityLab you will be late for a scheduled therapy session, please call 800.354.7342.

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

Patient/Caregiver Signature: _____

Date: _____

