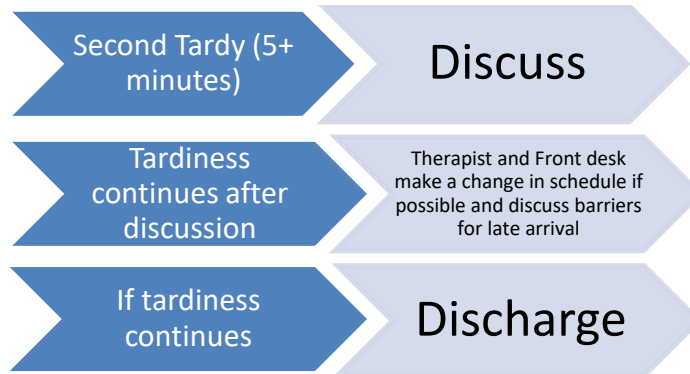


UNIFIED THERAPY SERVICES ADULT PATIENT ATTENDANCE POLICY

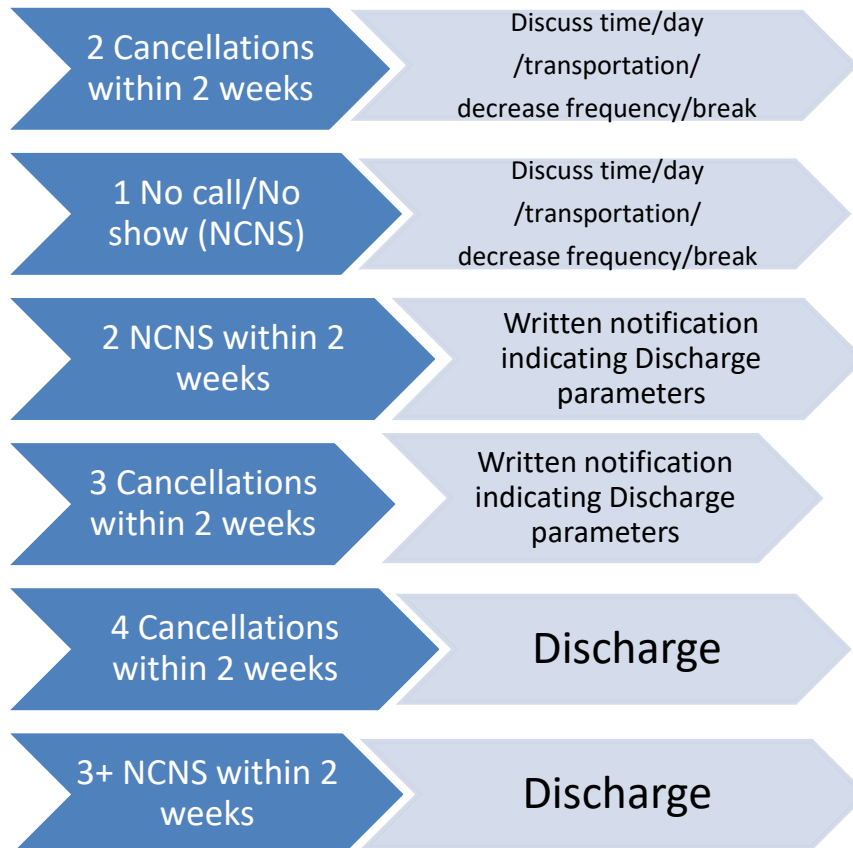
I understand that it is my responsibility to attend all scheduled therapy appointments or to *call and cancel at least 2 hours in advance*. Messages may be left after hours and will be received the next business day.

- I understand that if I don't attend the scheduled appointments and the staff of UTS must call me, this will be considered a **No Call/No Show (NC/NS)** visit. **This will result in a \$10 charge.** Initial
- I understand that I may be discharged from Aqua Therapy if I have a combination of 2 NC/NS or cancellations.
- I understand there may be extended excused absences related to hospitalizations, surgery, injuries, illness, and extended vacations.
- I understand my employer will receive attendance reports if payment for therapy is via worker's compensation.
- I understand that transportation information is available.
- I understand any exclusion will be at the discretion of Unified Therapy Services.
- I understand that I may see different therapists for my sessions.

ARRIVAL TARDINESS



ATTENDANCE GUIDELINES



I have read & understand the above-mentioned Attendance Policy _____ (initials)