



## NOTIFICATION AND CANCELLATION POLICY (rev. 01/2014)

### Email Consent Policy:

New regulations require that anyone using email to communicate with healthcare providers understand and agree to certain conditions and limitations.

1. The transmission of patient information via email has a number of risks including but not limited to: email is not secure; email can be intercepted, misaddressed, altered, forwarded, or used without authorization or detection; email may be circulated, forwarded and stored in paper and electronic files even after the sender or recipient has deleted his or her copy.

2. The Practice will use all reasonable means to protect the security of the email, however we cannot guarantee email confidentiality. The Practice is not liable for improper disclosures unless they are caused by the Practice's intentional misconduct. I have read and understand the email disclaimer and give consent to KIMA Physical Therapy, PLLC to correspond with me via email, if necessary.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Appointment Notification Policy:

KIMA emails appointment reminders 24-48 hours prior to the scheduled appointment time. This is done strictly as a courtesy and you are ultimately responsible for the appointment regardless if KIMA sends the courtesy reminder. It is the your responsibility to keep track of your appointments. Should you have any questions about an upcoming appointment, please call the Front Desk at 212-686-3101 or email the Front Desk at [info@kimawellness.com](mailto:info@kimawellness.com).

I have read the above and understand that I am solely responsible for my appointments.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Cancellation Policy:

A scheduled appointment must be cancelled at least 24 hours in advance or the patient will be charged a cancellation fee of \$250.00 per session.

Additionally, if the patient does not show up for a scheduled appointment a fee of \$360.00 will be charged to the patient.

This fee is not billable to any insurance provider.

KIMA Center for Physiotherapy and Wellness reserves the right to remove you from the treatment schedule if you cancel without 24 hours notice and/or if you do not show up for appointment 3 times during your treatment. Furthermore, if you incur additional late cancels and/or no shows beyond 3 late cancels and/or no shows, you will be responsible for the entire cost of the appointment for any additional late cancels and/or no shows during your treatment.

KIMA Center for Physiotherapy and Wellness requires a credit card on file for all patients. If you late cancel or do not show up for an appointment, KIMA Center for Physiotherapy and Wellness will automatically charge your credit card on file.

Name as it Appears on the Credit Card: \_\_\_\_\_

I authorize that the late cancellation fee or no show fee be charged to my major credit card, as listed:

Payment Method:

Visa  MasterCard  American Express

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ (MM/YYYY)

V-code: \_\_\_\_\_ (3, 4 or 7 digit security code)

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please let us know if you have any questions regarding the above information.

I consent to treatment on the above terms:

Patient's Name	<b>Patient's Signature</b>	Date
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