



PT Link Good Faith Agreement

I agree by my signature on this good faith agreement, that I will maintain the treatment schedule prescribed by my doctor and physical therapist. The criteria by which I may be discharged and/or may incur a fee for non-compliance are as follows:

- ***Three (3) cancellations will be cause for discharge***
- ***Two (2) no-shows will be cause for discharge***

Also, your referring doctor will be notified of your non-compliance.

Any exceptions to these criteria will be handled by the therapist on a case-by-case basis

Physical Therapy is very important to you, your therapist and your physicians.

Keeping all of your appointments are essential.

Patient Signature _____ Date _____