

**GENESEE VALLEY
PHYSICAL THERAPY
& SPORTS REHAB., P.C.**

Daniel E. Geen, PT
William L. Jackson, PT
Ryan D. Healey, PT, DPT, CSCS
Michael R. Brown, PT, DPT, CSCS, OCS, FAAOMPT

Sarah E. Lipinski, MSPT
Lindsay A. Jackson, MSPT
Jane Vanderwall, PT
Timothy Wilbert, MSPT

Dear Workers' Compensation Patient:

Our office goes through great lengths to receive physical therapy approval for your compensation injury(s), therefore it is imperative that we ask you to notify us within 24 hours of your scheduled appointment if you are unable to keep it.

We will notify the insurance carrier of all missed appointments that are a result of "no shows" or that are not reported to us within 24 hours of appointment.

We thank you in advance for respecting our policy.

Sincerely,

William L. Jackson, P.T.

Daniel E. Geen, P.T.

Patient:

I, _____, have read the above policy and understand the Genesee Valley Physical Therapy and Sports Rehab.,P.C. office procedure.

Signature

Date

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