

Dear Patient,

Welcome to our practice. We at Madison Occupational Therapy look forward to working with you to get you back to optimum function. We will do everything we can to provide you with high level, skilled rehabilitation services in a compassionate and supportive environment.

For your convince we have structured our office hours to accommodate a wide variety of personal schedules. In order to maintain the quality of care and minimize waiting times, we ask you call us 24 hours in advance if you are unable to make your appointment. Failure to do so creates a gap in our schedule and prevents us from accommodating other patients who are not feeling well and would like to come in for treatment.

While we understand that emergencies do arise, patients who neglect to notify us, we must enforce our \$40 cancellation/no show fee.

We thank you in advance for your cooperation in this matter. If there is anything we can do to assist you in your recovery, please let us know. Your comfort and satisfaction mean a lot to us.

Madison Occupational Therapy Staff

I have read the above Welcome Letter and I am aware of the 24 hour cancellation/no show policy fee.

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**Patient Name**

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**Date**