

Patient Letter of Commitment

Date: _____

To: _____

From: _____

We are writing to express our concern regarding your frequent cancellations of scheduled therapy services. While we do understand that occasional cancellations are inevitable, frequent cancellations are extremely disruptive to your progress in treatment. Missing therapy reduces your ability to meet the goals your physician and therapist established for you.

You have our commitment to your therapy and we need yours. By your signature below, you are documenting that you agree to comply with the therapy program as ordered by your doctor. You understand that continued cancellations will result in discharge for noncompliance and that your doctor will be notified of the reason for discharge. Insurance payors and Medicare require compliance to the treatment regimen authorized by your physician, failure to comply may affect your ability to be readmitted into therapy.

Our goal at **LifeCare of Florida** is to provide each and every patient with the highest quality of outpatient rehabilitation service. Your therapist is committed to this goal and we ask that you commit to your rehabilitation program as well. Thank you.

Patient Signature

Date