



Michael C. Sparr, MD Stephen M. Scheper, DO Dwight R. Leggett, II, MD
Phone 719 636 3333 Fax 719 636 0025

APPOINTMENT POLICY

- Accelerated Recovery Specialists offers specialist care. Treatment is offered by appointment only with a referral from a primary care physician, chiropractor, attorney, insurance company or their representative.
- Prior to each scheduled appointment our staff obtains authorization from your employer or insurance carrier and requests medical records for the provider to review. Much time and effort is required to ensure that everything has been arranged for your scheduled appointment.
- You are expected to keep each appointment scheduled with Accelerated Recovery Specialists providers. These appointments are scheduled with every effort to accommodate your personal schedule.
- Due to the large volume of patients seen in our practice, and the effort involved in preparing for appointments, it is our policy to require 48-hour notice to reschedule an appointment.
- You are expected to arrive on time for your scheduled appointment. Late arrival may result in cancellation of your appointment.
- Failure to attend 3 scheduled appointments (by either missing or rescheduling them without 48 hour notice) will result in the termination of your care at Accelerated Recovery Specialists.
- If you are covered by workers compensation you CANNOT change a scheduled appointment. In the event that you are unable to attend a scheduled appointment, you must notify your case manager or adjuster, more than 48 hours in advance, so that they may call our office and reschedule your appointment for you.
- In the event that you are covered by workers compensation and fail to keep a scheduled appointment, the appropriate parties will be notified of your absence. **FAILURE TO ATTEND APPOINTMENTS MAY RESULT IN DISCONTINUATION OF YOUR BENEFITS.**

We value both our new and established patients, and will strive to provide an organized and efficient environment for you during your care.

Patient Signature _____ Date _____

I understand that my signature is an agreement to abide by Accelerated Recovery Specialists Appointment Policy.

I further understand that failure to comply will result in termination of my care in this practice.