CONE HEALTH®
Rehabilitation

Outpatient Programs

Adams Farm
5817 W. Gate City Blvd.
Greensboro, NC 27407
Phone 336-218-0531 Fax
336-218-0562

Brassfield
3800 Robert Porcher Way
Suite 400
Greensboro, NC 27410
Phone 336-282-6339
Fax 336-282-6354

Greensboro
1904 North Church Street
Greensboro, NC 27405
Phone 336-271-4902
Fax 336-271-4921

Neurorehabilitation
912 Third Street
Suite 102
Greensboro, NC 27405
Phone 336-271-2054
Fax 336-271-2058

Madison
401 A W. Decatur St.
Madison, NC 27025 Phone
336-548-5996 Fax
336-548-4753

Med Center – High Point
2630 Willard Dairy Road
Suite 201
High Point, NC 27265
Phone 336-884-3884
Fax 336-884-3885

Med Center -
Kernersville 1635 NC 66 S
Suite 255
Kernersville, NC 27284
Phone 336-992-4820
Fax 336-992-4821

To Our Valued Patients and Families:

Our goal at the Cone Hospital is to provide the best services possible in order to meet your needs. We realize there may be times when you are unable to meet your scheduled appointment. In order to provide quality services to all, we are implementing the following guidelines for ***no-shows, cancellations,*** and ***late arrivals.***

NO-SHOWS

- Failing to contact the center to cancel a scheduled visit is considered a No-Show.
- The 1st No-Show: You will be reminded of our policy and asked if you will be attending future appointments.
- The 2nd No-Show: All remaining scheduled appointments will be cancelled. You will be responsible for rescheduling an appointment. You will be allowed to schedule only 1 appointment at a time for the remainder of your course of treatment. Any no-shows beyond this are grounds for automatic discharge. After being discharged, you will be required to obtain a **NEW WRITTEN** prescription from doctor in order to return to our program.

CANCELLATIONS

- We request the cancellations are made **24 hours** ahead of your scheduled appointment. If you need to cancel, please call the location where you are receiving services.

- Excessive cancellations and/or missing appointments without canceling may result in discharge from the program. After being discharged, you will be required to obtain a **NEW WRITTEN** prescription from doctor in order to return to our program.

LATE ARRIVALS

- Arriving late for a scheduled appointment may result in your treatment for that day being shortened, modified, or rescheduled as determined by the therapist.

We appreciate you understanding the necessity of the above protocols. These will allow us to maximize our ability to treat patients in a timely manner.

Signature of Patient or Responsible Party _____ Date _____