



Dear Patient,

Welcome to our practice. Thank you for your confidence and trust in scheduling an appointment with our clinic. We are always dedicated to quality care for all our patients and we are always here to discuss your problems and find together the most appropriate solution. Our office patient policies are as follows. Please read carefully the following policies and sign below.

GENERAL OFFICE POLICIES

- 1) We require 24 hours notice in the event of a cancellation. It is your responsibility, when you call in ***to have an alternative time in mind that will ensure you get in the full prescribed number of treatments that week whenever possible.***
- 2) There is a **\$25.00** charge for a no show or cancellation without proper notice. This charge will probably not be covered by your insurance company, but will have to be paid by you personally.
- 3) You should understand that when you no-show, three people get hurt: 1) yourself because you don't get the treatment you need as prescribed by the doctor and our staff, 2) the therapist who now has a "vacancy" in their schedule since the time was reserved for you personally, and 3) another patient who could have been given treatment if you had given us proper notice.
- 4) **Regarding Lateness:** If you are late, you may not get in your full treatment because it would mean other patients are delayed.
- 5) **Regarding Being Early:** We will do our best to get you in as soon as possible. Most of the time you'll have to wait until your scheduled time to be seen because there are other patients who are still in treatment.
- 6) For your health's benefit we have developed both a formal evaluation process and a discharge process. In each of these, the Physical Therapist prepares a report for your doctor.
- 7) Please understand that your insurance policy is a contract between you and your insurance company. While we may accept your insurance as payment, your contract with us is a separate agreement. In other words, if your insurance refuses to cover a certain treatment or otherwise fails to pay us, your contract with us still exists, and you are responsible for payment personally.
- 8) **Co-pays, deductibles, and payments** if you are a self-pay patient, are due at the time of service. We accept payments by credit card, cash, check or money order **only**.
- 9) We will allow, on special occasions, a long term payment plan budgeted on the individual according to need. In any event, if you request such a plan, you will sign a written agreement which must be given final approval by the Clinical Director.
- 10) If at any point you have a problem regarding billing and payment, talk to our secretary and they will arrange for you to see our office manager.

After you have read carefully the above, please sign the following:

I _____, agree to be treated in this Physical Therapy clinic by the Physical Therapist and their staff and I also agree with the terms specified above.

Patients Signature

Date