

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Welcome to The Therapy Center. Your physician has referred you to physical therapy to assist in your healing and recovery. In order for us to most effectively assist you on the road to recovery, the following guidelines and policies have been implemented.

- **CLOTHING:** For future visits, please wear loose, comfortable clothing that will allow you to expose the area being treated, along with sneakers.
- **ATTENDANCE:** Please familiarize yourself with our cancellation and no show policy listed on the explanation of insurance benefits form (page 3). To assist you in your care, consistent and timely attendance to your physical therapy is extremely important. If you must cancel, please call prior to your appointment. If you feel that attendance will be a challenge, please disclose this to your therapist so they can create a plan of care that will fit your needs. If your visits are being filed under Worker's Compensation or Short Term Disability, please be aware that your claim may be jeopardized if you miss appointments without justifiable cause.
- **CELL PHONES:** Except in emergency situations, please keep cell phones off or on vibrate mode as your therapist will require your full attention.
- **INSURANCE:** As a courtesy to you, we bill your insurance company for the services you receive at The Therapy Center. However, any co-insurance and/or co-pay is due at the time of service. Please note that estimates for a deductible, copay, and/or coinsurance are only estimates. There may be a balance/refund due depending on the actual payment from your insurance company. We will also verify your benefits for your services however; this **is not** a guarantee. Please be aware that we **do not** accept third party billing but you may speak with the front desk regarding our policy on auto claims.
- **Supply Fee:** In order to provide small cost items to you without the hassle of daily collections, we will collect a \$15 Supply Fee. This will cover costs of supplies that insurance does not cover such as resistance banding, putty, corrective wedges/lifts for shoes (excluding custom orthotics), and taping/wrapping as necessary. It does not cover the cost of braces.

If you have any questions or concerns regarding these policies and guidelines, please feel free to ask your physical therapist or the front desk staff. We are certain this will be a mutually rewarding experience and we look forward to assisting you in attaining your goals.

Sincerely,

The Staff of The Therapy Center

I acknowledge that I have read and understand the above information.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

Who can we thank for this referral?

- My doctor recommended your facility
- Word of mouth
- I saw your ad in the newspaper or other publication
- I personally know a member of your staff
- I drove by your location and it was convenient
- Other: \_\_\_\_\_