

## dedicated to your recovery... soaring to results

## **CANCELLATION POLICY**

We require 24 hour notice to cancel an appointment. Should you fail to cancel within 24 hours or miss our appointment, a charge of \$40.00 will be made to your account. It would be fraudulent for us to submit this charge to your insurance carrier. In order to maximize your benefit from physical therapy, it is important to adhere to the treatment plan set forth by your physician and physical therapist.

TWO "NO-SHOWS" OR CANCELLATIONS WITH LESS THAN 24 HOUR NOTICE IN ONE MONTH WILL RESULT IN REMOVAL OF ALL FUTURE SCHEDULED APPOINTMENTS. THE PATIENT WILL BE ASKED TO CALL ON A DAILY BASIS FOR APPOINTMENTS.

## **PRESCRIPTION RENEWAL**

As of July 27<sup>th</sup> 2006, New York became the 43<sup>rd</sup> state to pass a law allowing patients "direct access" care to any licensed physical therapist. This does not hold true for those that are insured through Medicare, worker's compensation or no-fault. Under this legislation patients may see a therapist for up to ten (10) visits or thirty (30) days, whichever comes first after which a prescription will be required for further treatment. It is your responsibility to ensure a valid prescription is on file to treat you.

## **INSURANCE CO-PAYMENTS**

Patients are expected to pay their co-payments at the end of each visit. If you have multiple visits in a week, payment can be made on the last visit of the week.

I have read and understand the above office policy and financial statement. I further understand that I shall be personally responsible for any unpaid balance to this office.

Patient Name	
Signature (if a minor, parent's signature)	Date