



## WELCOME

**We would like to welcome you to Center for Physical Therapy.  
Our number one priority in this office is providing the highest quality care to our patients.  
To better serve you, please familiarize yourself with the following policies:**

**APPOINTMENTS** – We ask your cooperation in scheduling and keeping appointments. Please arrive on-time. If you will be late or unable to keep an appointment, please call in advance to cancel or reschedule. Failure to notify us in advance will result in a \$20.00 No-Show fee. This charge will not be covered by your insurance company.

**ABOUT YOUR INSURANCE** - As a service to our patients we will gladly submit your primary insurance claim for you. To do this, please provide all the necessary insurance information at the time of your first visit. We are familiar with most major insurance carriers, but each policy and plan has specific provisions. For this reason, it is impossible for us to know your specific coverage. To avoid any unexpected charges, please review your insurance policy and familiarize yourself with:

- ◇ the number of physical therapy visits your plan allows
- ◇ how much of the fee your insurance will cover
- ◇ the amount of your deductible and/or co-payment.

If we do not participate with your insurance company or plan, you will be responsible for all charges.

**CO-PAYMENTS** - Co-payments are due at the time of appointment. Contact the Billing Department if you would like to arrange a payment plan.

**MEDICARE** – Be advised that traditional Medicare has an annual deductible and may have an annual cap on physical therapy services. There are many Medicare plans. We will contact Medicare to determine if we participate with your plan and what coverage you have. We may not participate with your “Medicare Advantage” plan.

**SECONDARY INSURANCE** – Unless Medicare is one of your insurances, it is not our policy to submit insurance claims to secondary or tertiary carriers. However, we will be happy to provide you with the necessary documentation to submit those claims yourself.

**WORK-RELATED OR AUTOMOBILE ACCIDENTS** – Please advise us at the onset of your treatment if you were involved in an accident. If your private insurance denies benefits for your claims due to a prior accident and we have to re-submit your claims to Workers’ Compensation or No Fault, you may be responsible for a re-processing fee. Be aware that WC & NF do not generally pay for physical therapy, chiropractic and/or pain management at the same time. Please check with your insurance carrier.

**TO ASSIST US WITH YOUR CARE** - Please be aware of the number of physical therapy visits that your doctor prescribed. If further physical therapy is recommended an updated prescription is required. Notify your physical therapist one week prior to your next scheduled doctor appointment so that a progress report can be sent.

**DIVORCED/SEPARATED PARENTS OF MINOR PATIENTS** – The parent who consents to the treatment of a minor child is responsible for payment of services rendered, unless the responsible parent signs our “Insurance Assignment” form. Center For Physical Therapy will not be involved with separation or divorce disputes.

**If you have any questions or concerns, please do not hesitate to ask.  
Again, we welcome you and look forward to assisting you in your rehabilitation.**

*Patient Signature & Date:* \_\_\_\_\_