

ADVANCE Orthopedic & Sports Therapy, P.C.

POLICIES

CANCELLATIONS:

We require **24 hour notice** if you need to cancel your appointment. At that time we will make every effort to reschedule you for another time and/or day of that week if possible. Please be advised that if you are constantly rescheduling and not keeping your appointments you will not fully benefit from our services.

NO SHOW POLICY:

There is a **\$25.00 No Show charge** for all non-cancelled missed appointments. This charge must be paid before your next scheduled appointment. You will not be treated unless this charge has been paid, and your appointment will be rescheduled. If you miss TWO appointments WITHOUT notifying us, you will be discharged from our services.

CO-PAYMENTS:

We expect your co-payment to be made upon rendering of our services. It is **YOUR RESPONSIBILITY** to know if you have a co-payment.

REFERRALS:

It is **YOUR RESPONSIBILITY** to contact your primary care physician and make sure your insurance referral is in place. The referring doctor will give you a prescription for physical therapy, but this is DIFFERENT than an insurance referral which must come from your primary care physician. WITHOUT this referral your insurance will not cover our services and the responsibility will become yours.

APPOINTMENTS:

You will be seen an average of two to three visits per week, which will be determined at your initial evaluation by the evaluating therapist. We recommend that once you have been evaluated to schedule your appointments at least two weeks in advance in order to allow you to schedule the time most convenient for your personal schedule. We also recommend that you coordinate your schedule with the therapist that evaluated you for consistency in your treatments.

LATE ARRIVALS:

Please be advised that if you arrive more than 15 minutes late for your appointment we will be unable to see you and you will need to reschedule for another time. It is very important that you are on time for your appointment since many of our treatments consist of one on one time spent with the therapist.

PATIENT SIGNATURE

DATE