REHABILITY
Care...to move

Welcome to Rehability

Thank you for choosing us as your physical therapy provider. Our commitment is to help you obtain your physical goals in a professional manner, respecting your time and resources. We will work closely with you, your physician and your other health care providers during this process.

FINANCIAL POLICY

Please review the following information regarding our financial policy. Also please understand that your full understanding of our financial policy is important to our professional relationship and timely payment for your treatment is expected.

- **All payments (if not covered by insurance) and/ or co-payments are due at the time of service**
- **We accept cash, credit cards (Visa and Mastercard), and personal checks**
- **Any portion of your treatments that are not covered or denied by your insurance (including worker's compensation claims) becomes your responsibility, and is due within 30 days**
- **Interest may be charged at a rate of 1% per month (12% annually) for unpaid balances over 30 days old**
- **A $27.00 fee will be charged for each incident that a check is returned to us with insufficient funds**
- **Supplies purchased by the patient are payable at the time of service. We will provide you with a receipt so you may seek reimbursement from your insurance company**

CANCELLATION POLICY

Failure to keep your scheduled appointments hinders our ability to provide the best possible care to all our patients. We ask that you show us consideration by calling at least 24 hours prior to your appointment if you are unable to attend. This will allow us the opportunity to offer that appointment time to another patient. As with our financial policy, it is important for our professional relationship that you fully understand our cancellation policy.

- **Failure to give 24 hours notice prior to cancellation may result in a $25 "No Show Appointment Fee".** Please note this fee cannot be billed to your insurance company and will be your direct responsibility.
- **Failure to show for 3 consecutive sessions, we will result in discharge from our care.** If you are an industrial injury patient, your claims manager will be notified about the missed visits, and your claim may be discontinued.

Thank you for allowing us the opportunity to serve you. If you have any questions about the above information or any uncertainty regarding your insurance coverage, please do not hesitate to ask for our assistance.

Patient Consent For Treatment

I have read and fully understand Rehability's Financial and Cancellation Policies. I understand that Rehability may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. I do hereby consent to such treatment by the authorized personnel of Rehability as may be dictated by prudent medical practice by my illness, injury, or condition. This consent is intended as a waiver of liability for such treatment except acts of negligence.

Signature of Patient/ Guardian _____ **Date**_____

Acknowledgement Receipt Of Patient Privacy Practice Notice

I, _____, have received the Notice of Patient Privacy Practices from Rehability.
Print Name

Signature of Patient/ Guardian_____ **Date**: _____