

Back In Motion Physical Therapy
Patient Information
Please Read

Unlike other physical therapy practices, we are proud to provide high quality **one-hour individual appointment sessions** with a licensed physical therapist. Our unique approach allows **exceptional results and a high rate of patient satisfaction.**

Cancellation Policy: Missed appointments can slow your progress, recovery and are costly to the practice. If you need to cancel an appointment, kindly notify our office **at least 48 hours prior** to your scheduled appointment. Failure to do so will result in an office charge of **\$50.00** per occurrence, which your insurance will not cover. This amount will be collected directly from you at your **next scheduled visit.** We have to cover our therapist and administrative costs. If we are given ample notice, we often can fill the appointment slot with a patient on our waiting list. Even if you need to cancel at the last minute, please call. We have many patients that live in the neighborhood and can come in at the last minute. **If we fill your appointment slot, you will not be charged.**

No Show Policy: If you fail to show up for a scheduled appointment a **\$50.00** no show fee will be charged to you. If you need to cancel an appointment, kindly notify our office **at least 48 hours prior** to your scheduled appointment. **If we fill your appointment slot, you will not be charged.**

Reminder Calls: We **attempt** to provide you with a reminder call as a courtesy, however ultimately it is your responsibility to attend your scheduled appointment.

We do understand that unforeseen matters of **sickness or emergencies** occur that you can not control however, we still need to charge for these missed appointments. These unfilled appointment slots will prohibit us from offering this high level of care. Thanks, for your understanding and cooperation of this matter

Parking: Feel free to park in any parking spots reserved for “ADC” or any other non reserved parking spot.

Late Policy: If you think you will be late for your scheduled appointment, please call and inform us. We will try to accommodate you; however, your treatment session may be reduced because of time restraints of the next scheduled patient. We try to keep on schedule for the courtesy of all our patients. If you are more than **25 minutes** late we **may** need to reschedule.

Payment Policy: If your insurance requires a copay, it will be due at the time of service. Payments can be made by **cash, check or credit card**. Although we participate with some insurance companies, there are others in which we do not participate in or are not a preferred provider. If we do not participate with your insurance company, payment is expected at the time of service. An itemized receipt will be provided. This receipt can be used for you to submit to your insurance carrier, if you have out of network benefits. Please understand, we are not liable if your insurance does not cover your visits or reduce the amount paid because authorization was not obtained. Some insurance companies require authorization or a referral for physical therapy. Although we will assist you in this matter, ultimately this is your responsibility to obtain.

I understand that I am solely responsible for the balance due on my account. I agree to pay the unpaid balance due. If your account balance matures to over 120 days and remains unpaid, you will be sent a collection notice and your account will be sent to our attorney for collection. If your account is in default

and is sent to collections, attorney fees, court cost and interest of 1% a month will be assessed to your account. All of which you the payer will be responsible. We hope that this is not necessary; however, we are legally required to notify you of this.

HIPPA: I understand I have a right to review Back In Motion Physical Therapy's HIPPA privacy notice, to request restrictions on the use of my information, and to revoke my consent at a later date.

We appreciate your patronage and if you have any questions or concerns, please ask.

I have read and fully understand the above policies and procedures of Back in Motion Physical Therapy P.L.C. and agree to these terms.

Signature of Responsible Party: _____ Date: _____