



1300 E. Grant Street, Suite 100 ♦ Lebanon, Oregon 97355 ♦ 541-258-8222 ♦ Fax: 541-258-8221

Dear Patient:

We are pleased that you have chosen our clinic for your physical therapy treatment. We strive to provide you with the highest quality care possible so that you can reach your full potential. When a specific plan of care is established, it is important for you to come to therapy on a consistent basis to optimize results. In addition, late cancellation or not showing up for an appointment compromises our ability to use our time effectively to help other patients.

Cancellation Policy: If you do not call to cancel your appointment at least 4 hours before your scheduled appointment, you may be charged a \$25.00 cancellation fee.

No-show policy: If you fail to show for a scheduled appointment, you will be charged the \$25.00 cancellation fee. After 3 no-show appointments, you will be discharged from physical therapy.

Cancellation and/or no-show fees must be paid prior to the next appointment.

It is extremely important that you are aware of your insurance coverage for physical therapy. Please review the following information. Our office staff will try to answer any questions you might have.

INSURANCE INFORMATION:

1. Private Insurance: Coverage of physical therapy is included in most insurance policies; however, you are expected to check your specific policy for appropriate coverage since you are responsible for payment of your account. We will gladly bill your primary insurance company.
2. Workers Comp: It is extremely important that you follow through with your physical therapy program. Failure to comply with your program may mean suspension of your benefits.
3. Medicare: Our office accepts Medicare Assignment, which means our clinic will accept Medicare approved charge as the full charge for covered services. Medicare will then pay 80% of the approved charge. The beneficiary or their Medicare Supplement is responsible only for the 20% that the Medicare does not pay plus any unmet deductible. Our clinic bills Medicare directly. **Please let us know if you are receiving Home Health Care services. Medicare will not cover out-patient physical therapy if you are receiving Home Health Care.**

Patient Name
(Printed) _____

Patient/Guardian Signature _____ Date _____

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