

PATIENT AGREEMENT

INSURANCE CO-PAY AGREEMENT

Please be advised that if your insurance benefits indicate that you have a co-pay for Physical Therapy services we are obligated to collect these co-pays. Said benefits specify that the amount of the co-pay is for **each** Physical Therapy visit.

In addition, it is our office policy to collect these co-pays at the time of each office visit.

*******Finally, it is the patient’s responsibility to know the benefits and limitations of his or her personal insurance policy. Please contact your insurance carrier as soon as possible if you have any questions regarding your benefits for outpatient physical therapy services. By signing below, you agree that you understand your benefits, and are aware that you are fully responsible for payment of services once benefits are exhausted.*******

APPOINTMENT CONTRACT

Appointment schedules are a mutual agreement. **Failure to cancel without giving 24 hours’ notice may result in a \$25.00 fee at the responsibility of the patient.**

Appointments are carefully scheduled to maximize patient-therapist interaction time; therefore when adequate notice is not given, we are unable to fill the timeslot. Ft. Washington Rehabilitation & Fitness Center also reserves the right to terminate the treatment of patients who have chronic cancellations.

If you have any questions, please ask for Gloria Woods in the Business Office. Co-pays may be made by cash, check or credit card (MasterCard & Visa).

Thank you for your cooperation.

Co-pay amt. per visit: \$ _____

Date: _____

Date: _____

Patient Signature

Business Office