

Welcome to Canyon Physical Therapy & Aquatic Rehabilitation!

It is our goal to provide "Uncompromising Care" designed to alleviate your pain and maximize your physical abilities. We will teach you ways to manage your current symptoms and care for yourself in order to prevent injuries in the future. Today you will see a licensed Physical Therapist who will evaluate your injury/condition and tailor a treatment program to meet your individual needs. Together we will set short and long terms goals in an effort to facilitate your rapid recovery. During your rehabilitation process, it is extremely important that you keep all of your appointments and follow the instructions given by your therapist. We look forward to working with you and are committed to your well-being.

FINANCIAL AGREEMENT

I understand and agree that I am solely responsible and liable for payment of all charges assessed for professional services rendered and will pay any sum due upon demand. I understand that insurance claim forms will be submitted to my insurance company as a courtesy only, and that I am primarily responsible for all charges regardless of my existing medical coverage. In the event that my insurance company forwards payment directly to me, instead of Canyon Physical Therapy & Aquatic Rehabilitation, I will immediately deliver such payment directly to Canyon Physical Therapy & Aquatic Rehabilitation. I understand and agree that all bills are considered past due after 30 days and payment is required at such time. Past due accounts will be assessed a 1.5% interest charge per month. Please contact our office if payment arrangements need to be discussed. Should it become necessary to start collection proceedings for any unpaid account balance, you will be responsible for these collection charges and they will be added to your account. It is agreed that if payment is delayed because Canyon Physical Therapy & Aquatic Rehabilitation has agreed to accept a lien; a recovery charge will be assigned.

Please Initial _____

I herby give authorization for payment of insurance benefits to be made directly to Canyon Physical Therapy & Aquatic Rehabilitation for services rendered. I understand that I am financially responsible for all charges not paid by my insurance company. In the event of default, I agree to pay all costs of collection and reasonable attorney's fees. I herby authorize this health care provider to release all information necessary to secure the payment of benefits. I further agree that a photocopy of the agreement is as valid as the original.

Patient/Responsible Party Signature

Date

APPOINTMENT POLICY

The following are our policies regarding cancellations and no-shows. We take this subject very seriously, because it can make the difference between your treatment success or failure. We ask that you please be prompt when arriving for your scheduled appointment. We do our very best to adhere to your appointment time because we believe your time is valuable. Patient's that arrive late for their appointment may be asked to reschedule.

Physical therapy is an ongoing process, which requires regular attendance to be optimally effective. Usually your referring doctor and / or your therapist have prescribed a set frequency of treatment. Showing up as scheduled for these visit is your most important job. Other than that, all you need to do is follow your therapist's instructions and we will be able to help you achieve your treatment goals.

- **We require 24 hours notice in the event of a cancellation.** Although we realize that emergencies do arise, notification in advance will allow us to plan our day more efficiently for the betterment of all our patients. It is your responsibility, when you call in to have an alternative time in mind that will ensure you receive the full-prescribed number of treatments that week.
- **You may be subject to a \$25.00 charge for a cancellation without proper notice. This charge will not be covered by insurance, but will have to be paid out of pocket.**

Worker's Compensation and Personal Injury patient's documents of **any** missed or cancelled appointments are forwarded to your case manager and primary care doctor. This could jeopardize your claim and prolong or stop any benefits you may be entitled to. Please understand that your pain will probably increase and decrease as your course of treatment progresses before it is finally resolved. Remember if you're in pain that is more the reason to come to your therapy appointment.

CO-PAYMENT POLICY

Patients that carry health care insurance should remember that some policies require a co-payment for each visit. Consequently, it is your responsibility as defined by your policy to make these co-payments. Also important is that you are responsible for any and all supplies, such as braces and exercise equipment, which are provided to you and are not covered by your particular plan.

I understand and agree that I am solely responsible for all deductible amounts, co-payments, and charges incurred which are not covered under my health care plan at the time services are rendered.

CONSENT OF TREATMENT AND AUTHORIZATION TO RELEASE AND OBTAIN INFORMATION

I do hereby consent to such treatment by the authorized personnel of Canyon Physical Therapy & Aquatic Rehabilitation as may be dictated by prudent medical practice for my illness, injury or condition. This consent is intended as a waiver of liability for such treatment excepting acts of negligence. I authorize Canyon Physical Therapy & Aquatic Rehabilitation to release or obtain any medical or incidental information that may be necessary for physical therapy or in processing insurance claims. I authorize release of all records on request.

Patient/Responsible Party Signature

Date