Welcome to the Rehabilitation Services Department. We appreciate the opportunity to work with you to improve your health. To make the most from your therapy treatment, there are several things you need to know.

YOUR COMMITMENT

Your commitment to your therapy program is very important. Your progress depends on keeping all your scheduled appointments and carrying out a home exercise program.

YOUR ATTENDANCE POLICY

• We reserve time to work with you individually so we ask that you make every effort to keep your scheduled appointments. If you need to reschedule or cancel, please call as far in advance as possible so we can make our therapists’ time available to other patients.

• If you need to CANCEL or CHANGE an appointment, you must give 24 hours notice (Monday-Friday business hours). If you cancel or change an appointment without 24 hours notice, a $25 CANCELLATION FEE will be charged.

• If you are LATE, your treatment may be shortened, re-assigned to another therapist, or cancelled.

• Your therapist may discontinue your treatment and notify your physician if:
  • You do not give 24 hours notice to cancel an appointment without 24 hours notice.
  • You cancel or re-schedule three (3) appointments.
  • You cancel or change an appointment without 24 hours notice. A $25 CANCELLATION FEE will be charged.

ALL CO-PAYMENTS

• Are due at the time of service as required by your insurance company.
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PLEASE REMEMBER TO KEEP YOUR THERAPIST INFORMED OF

• Any changes to your insurance coverage. Failure to keep us informed on insurance changes may result in the patient being responsible for payment of the charges for treatment
• Any changes to your insurance coverage. Failure to keep us informed on insurance changes may result in the patient being responsible for payment of the charges for treatment
• Any changes in your medical condition, medication, and symptoms.

• Your scheduled doctors’ visits so we may keep your physician informed and updated regarding your therapy program.
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• Your current medication and dosage.
• Your current medication and dosage.

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