OFFICE POLICY

1. <mark>Missed or canceled appointments with less than 24 hours' notice are charged in full.</mark> Payment for these charges is your responsibility, and cannot be submitted to your insurance.

2. <mark>All scheduling conflicts must be settled **via voicemail or text messaging only**</mark>. E-mail should *never* be used to schedule, change, or cancel an appointment, or to notify me that you will be late. Cancellation or change notifications sent via email will not be accepted as proper notice and you will be charged for a missed appointment.

3. You may receive reminders for your appointments via phone, text, and/or email. These reminders are sent as a courtesy only. You are required to show up for your scheduled appointment times whether the reminders are received or not.

4. Appointments are one hour long. This hour includes both treatment and administrative tasks such as documentation, scheduling, and payment. If you are late for your scheduled appointment, your treatment will be shortened accordingly.

5. <mark>Full payment is due at the time of service.</mark> There is a $5 discount for cash or check payments.

6. Any special payment arrangements must be agreed upon before treatment begins.

7. If you are a Medicare patient, I will submit claims for you to Medicare. However, you are still responsible for payment in full at the time of service. Medicare will reimburse you for the amount they allow for your visit.

8. If you are a Medicare patient, and have been set up with a Home Health Agency (HHA) at any time in the past, you must be certain that the HHA has fully discharged you from their services before Medicare will reimburse you for outpatient Physical Therapy.

9. House calls are available under special circumstances. If the house call is not due to a medical condition, an additional charge will occur to cover travel time.

10. If you arrive early for an appointment and I am not in the office, I have been on a house call and will be arriving shortly.

I have read and agree to the above policies:

Signature _____   Date _____