

Patient Information / Responsibilities

SCHEDULING

We will work with you and your physician to optimize the outcome of your therapy. It is important that you attend all of your scheduled therapy sessions.

- Please give at least 24 hours notice if you must cancel.
- It is your responsibility to call and cancel your appointment if you are unable to keep it. If you miss two (2) appointments without notifying us to cancel, you will be discharged and your physician will be notified. You will then need a new prescription from your physician to continue.
- It is your responsibility to arrive for your appointments on time. If you are more than 10 minutes late, you might not be treated that day.
- It is your responsibility to dress appropriately for your therapy appointments. Your therapist will let you know what you need to wear. Changing clothes is not part of therapy time, and can cut your session short.

INSURANCE

<u>Please Note:</u> We are providing this information to help you have a better understanding of your insurance requirements.

- Patients are responsible for knowing their benefits and assuring that authorization, if required, is obtained.
- If your doctor requests services for Occupational Therapy, Physical Therapy or Speech Therapy, these services may be payable under your insurance contract. Your therapy must be medically necessary and you must be making documented progress. Your insurance company may request medical records prior to payment. Maintenance services are never paid.
- Contact your insurance company directly for an explanation of your benefits.
- Some insurance companies restrict payment for certain diagnoses. You may wish to talk with your therapist regarding your particular diagnosis and check with your insurance company for any special restrictions.
- Information received from your insurance company is not a guarantee of payment. Determination of
 insurance payment can only be made after your insurance company has reviewed our billing and
 documentation. You will be responsible for paying any amount due that your insurance does not
 cover. Payment will be expected within 30 days of our bill. If you wish to discuss payment or make
 other arrangements, please contact our Customer Service Department.
- You must notify us immediately to discuss any changes in your insurance while you are undergoing therapy.

We look forward to serving you. If you have any questions regarding your insurance, please contact a customer service representative at (517) 364.7999 or 1.855.221.0336 toll free.

Patient's Signature

Date