

## Clinic Policies

Welcome to TheraPro!

We are excited to assist you with your therapy; these are a few guidelines which will help you during your rehabilitation.

*Appointments:* It is important that you receive consistency of treatment and that you attend all appointments as scheduled. We will try to accommodate your schedule to our best ability and therefore ask you to schedule your full prescription frequency after your initial appointment. We ask that you please be on time for your appointments. If you are late for your appointment it will be up to the discretion of your therapist whether or not you will be seen and if you will get full or partial treatment. This is a courtesy to the other patients that are scheduled at their time.

*Cancellation/ No-show:* If you need to cancel we ask that you please call 24 hours prior to your scheduled time. We will try to accommodate and reschedule your appointment the same week if the schedule allows. If you fail to give notice this will count as a “no-show”, after two consecutive no-shows all further appointments will be deleted and the referring physician may be informed. We reserve the right to collect a \$20 no-show fee (this includes appointments not cancelled 24 hours in advance).

*Compliance:* We are obligated to inform your insurance company and physician if you are noncompliant. If you are a workman’s compensation patient we are also obligated to inform your case worker.

*Benefits and Payments:* We will try to verify benefits from your insurance company. However this is a quote from your insurance company and not a guarantee of benefits. Please be advised that any changes of your benefits are your responsibility and we ask you inform us if you receive information regarding changes. All co-pays, deductibles and co-insurances are due at time of service.

*Attire:* Loose fitting comfortable attire is recommended during treatment sessions.

We are committed to provide you with the highest quality of care. Open communication between you and your therapist is essential and if there is anything we can do to assist you further during this time, please don’t hesitate to let us know.

*I have read and understand the policies of TheraPro and will comply with the recommendations.*

Patient signature: \_\_\_\_\_