



TOTAL
BODY
REHAB

To our Patients regarding Cancellations and No-Shows

It is our policy at Total Body Rehab to be as accommodating as possible to you, the patient, in scheduling your therapy visits, while ensuring that you succeed in your treatment with us. Your therapist has prescribed a set frequency of treatments, completing your treatment is vital to recovery.

In the event that you are unable to make one of your appointments, please call our office 24 hours in advance. We will immediately reschedule your treatment in the first available time slot.

If you do not contact us to cancel your appointment within 24 hours, there may be a \$60.00 charge for failure to contact the office prior to your PT/OT appointment time. If your appointment was for a Pelvic health visit than the fee would be \$100.00

When you do not show as scheduled, it hurts others that may be in pain but could not be seen on that day. This charge is not covered by your insurance carrier; it is the sole responsibility of you, the patient.

Two or three no-shows or cancellations are considered too long of a lapse in treatment, and may necessitate a new physician referral, as the program will be discontinued.

I have read, understand and agree to this policy

Patient Signature

Date

To our Patients regarding Past Due Balances

It is our policy at Total Body Rehab to work with our patients to offer multiple forms of payments, payment plans and in some cases financial hardship adjustments.

If it is necessary to place your past due account with an outside collection agency to collect the balance due, to the extent not prohibited by applicable law, an additional 25% of the principle balance due may be added to cover the collection fees. In addition, should legal action become necessary to collect the balance due, you understand that you may be responsible for reasonable attorney's fees, interest and court costs.

I have read, understand and agree to this policy

Patient Signature

Date



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ALL CO-PAYS/PAYMENTS ARE DUE AT TIME OF SERVICE

Our office works hard to check eligibility and benefits for our patients. However, due to the many changes and complexity of the insurance companies, it is no longer an easy task to interpret each individual policy 100%. As a courtesy, we will provide an ESTIMATE of your payment responsibility and coverage for your treatment needs . However, this is only an estimate and not a guarantee of payment from your insurance company. It is your responsibility to understand your benefits, special terms, deductibles and copay's with your insurance company.

Thank You,

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Patient Signature: _____