



Policy and Procedure

We would like to take this opportunity to explain the policies and procedures of this office. Please initial next to each line and sign and date at the bottom.

_____ 1. It is required that you have your complete insurance information with you at the time of your initial visit. If you do not have it with you at this time, it must be given to us on your second visit or you will be responsible for payments.

_____ 2. We will call your insurance company to verify your coverage and inquire about any forms that may be needed for pre-certification. If your Insurance Company gives us the wrong information we are not liable.

_____ 3. Our practice is committed to providing the best treatment possible for our patients and we charge what is usual and customary for the area. You are responsible for payment in accordance with your insurance company's determination of usual and customary rates, or any bills not covered because of medical necessity.

_____ 4. If you are receiving therapy due to a motor vehicle accident or work related accident you must be sure to have the insurance information correct so we can bill them, or you will be responsible for bills unpaid.

_____ 5. **It is our policy that all appointments must be canceled 24 hours prior to scheduled time other than for weather related cancellations. Anyone canceling appointments with less notice, regrettably, will be charged a \$35.00 fee for the appointment. If we are not in the office a message on our answering machine will do. THIS IS A POLICY WE DO ENFORCE.**

Thank you for your cooperation. If at any time you have any questions or concerns, please do not hesitate to ask or call.

I, the undersigned, understand and agree to the above statements.

Signature _____

Date _____