

Dear Patient,

Our treatment team wishes to welcome you to ept Rehabilitation and invites your participation in developing and implementing your treatment plan. It is usually beneficial to wear loose-fitting clothing for your visits.

We will make every effort to be on time for your treatment and we recognize that both the patient's and the therapist's time are valuable. Please arrive for your appointment at the scheduled time. If you are more than 15 minutes late, we may need to reschedule your appointment. If you are unable to keep an appointment, please notify our office at least 24 hours in advance so this time can be used to accommodate other patients who need to be seen

Cancellation Policy:

- a. **If you are a New Patient and you fail to make your appointment, you will not be rescheduled and we will notify the referring provider of the outcome.**
- b. **If you are a Current Patient, we will send you a warning notice for the 1st missed or no-show appointment. In the event of a 2nd no-show appointment, you will be discharged from care.**
- c. **Please notify us of your need to cancel/reschedule at least 24 hours in advance. If you fail to cancel your appointment, a \$90 cancellation fee may be billed directly to you. Your insurance company will not pay these fees.**
- d. **Cancellations less than the 24 hour period will be considered a missed appointment and are subject to patient being discharged from care after two missed appointments.**

The following information explains our policies and procedures regarding health insurance and payment for services rendered at our offices. We wish to remind you that you are personally responsible for your bill at this office. It is your responsibility to know your insurance company's benefits and coverage regarding Physical Therapy services. Please ask if you have any questions.

As a courtesy, we are happy to assist patients who are covered by health insurance to obtain the maximum benefits provided by their policies; however, your health insurance is an agreement made between you and your insurance company, it does not affect your financial obligation to this office. Insurance companies have developed a wide variety of methods of reimbursement. We are unable to influence what percentage of your bill your insurance will pay. If your insurance company has not paid within 45 days, we request that you initiate a payment plan. In order to receive proper reimbursement, we ask you to provide the following items at the time of your initial visit:

1. A written prescription signed by your treating M.D./health care practitioner.
2. A copy of your current insurance card.
3. A copy of your state issued Driver's License.

After your insurance company has paid their portion, a payment schedule for the balance due needs to be established. Please contact our office at 707-443-8354. They will be happy to assist you with any questions regarding your insurance billing. Your therapist will be happy to take the time to answer any questions you may have regarding your diagnosis and treatment procedures throughout your period of care with our company.

Thank you for choosing ept Rehabilitation for your physical therapy needs.

Signature

Date