
GENERAL OFFICE POLICY & CONSENTS

No Shows and Cancellations: Because we reserve a time for you to meet one-on-one with your therapist, it is important for us to know if you are not going to be able to keep an appointment. If you need to cancel your appointment for any reason, please contact the office manager 24 hours in advance to reschedule or a \$25 charge will be applied to your balance.

Authorization for Release of Information: I hereby authorize Country Roads Physical Therapy and Rehabilitation, LLC to release any information concerning my care to the appropriate individuals of insurance companies and physicians. I accept full responsibility for any deductibles and co-insurance, or any amount not covered by my insurance company for service rendered to me by this facility. I authorize payment of medical benefits to Country Roads Physical Therapy and Rehabilitation, LLC.

Treatment Consent Authorization: I understand and acknowledge that I authorize and consent to diagnostic procedures, tests, or treatments that may be ordered by my physicians and carried out by members of the Country Roads Physical Therapy and Rehabilitation, LLC staff. I voluntarily consent to such treatment. I understand that at any given time students may be involved in my care under the direct supervision of a qualified instructor.

Medicare Signature on File: I authorize payment of my Medicare Benefits to Country Roads Physical Therapy and Rehabilitation, LLC for services rendered.

Primary/Secondary Insurance Signature on File: I authorize payments of my medical benefits to Country Road Physical Therapy and Rehabilitation, LLC for services rendered.

Email Address and/or Text Message: I hereby authorize Country Roads Physical Therapy staff to contact me via my email address and/or text message at _____

Notice of Privacy Practices: I have received a copy of Country Roads Physical Therapy and Rehabilitation's Notice of Privacy Practices.

Patient /Guardian Signature

Date

Country Roads Physical Therapy Cancellation / No-Show Policy

The therapists and staff of Country Roads Physical Therapy are glad you are here. *You* are the reason this Physical Therapy practice exists, and we promise to never forget that! Your successful rehabilitation is our top priority. To achieve the best possible outcome we and/or your doctor have recommended a particular treatment schedule. To attain these results, it is very important that you attend your therapy sessions as scheduled.

We promise that 100% of our effort will go into your rehabilitation, but we need 100% from you as well. We reserve time in our schedule specifically for you. With this in mind, we ask your cooperation by making every effort to keep scheduled appointments.

Please take a moment to review the guidelines we have put in place to ensure that you get the most out of your experience at Country Roads Physical Therapy.

- **Please give at least 24 hour notice in the event of a cancellation. If you are unable to give 24 hour notice, please contact us as soon as possible.**
- **If you are late for your appointment, your appointment may need to be rescheduled due to conflicting appointments and a no show will be recorded for that day. If you are aware that you are going to be late, please call the office and let us know.**
- **If you do not call, you are considered a NO SHOW.**
- **The accumulation of 3 No Show appointments will result in discharge from the therapy program.**
- **You may be subject to a \$25.00 charge for a cancellation without proper notice (notice given within less than 24 hours of your scheduled time). This charge will not be covered by insurance, but will have to be paid out of pocket.**

Worker's Compensation and Personal Injury patient's documents of **any** missed or cancelled appointments are forwarded to your case manager and primary care doctor. This could jeopardize your claim and prolong or stop any benefits you may be entitled to.

Please **DO NOT CANCEL** if you are feeling worse and believe the treatment is not working. Keep your appointment and discuss any changes with your therapist. Please understand that your pain will probably fluctuate as your course of treatment progresses.

Please **DO NOT CANCEL** if you are feeling better. Keep your appointment in order to progress your plan and prepare for discharge.

When you don't show as scheduled, three people are hurt. You, because you don't get the treatment you need; the therapist, who now has a space in his/her schedule since the time was reserved for you personally; and another patient who could have been scheduled for treatment if you had given proper notice.

We appreciate the opportunity to provide you uncompromising care. Thank you for your consideration of our staff and other patients.

Patient signature

Date