



Maximum Performance Physical Therapy

Policy & Procedures

- It is the patient's responsibility to schedule appointments
 - Appointments must be made at the front desk with the front desk staff
 - There are **no standing appointments** – appointments are scheduled weekly based off the patient.

Late attendance – If you cannot make your appointment at the time you are scheduled, please notify the office.

- Failure to notify the office may result in a canceled appointment at the discretion of your therapist.

Canceling an appointment – Communicating with the office that you cannot make your appointment within less than 24 hours of your appointment

No Show – Patient does not show up for an appointment and no communication is received prior to appointment time

- No Shows will be charged \$30.00
- 3 Consecutive No Shows will result in a required follow up with your Doctor before being seen again.
 - Any future appointments may be canceled until follow up has been done.
- No charge for first cancelled appointment but any cancels after that may result in a \$30 charge at the discretion of the therapist.
- All cancel/no show fees are the patient's responsibility and must be paid in full before being seen again.
- It is the responsibility of the patient to obtain referrals and updated prescriptions for Physical Therapy
 - Referrals must be dated by the date of the patient's first visit.
 - If the patient does not have a referral at their first visit, and their insurance requires it, the patient will be seen pending patient signature on acknowledgment of responsibility.
 - If a referral is still not obtained by a patient's second visit, they will not be seen until one is obtained
 - Any visits prior to date of referral will be the patient's responsibility.
- Patient responsibility payments must be paid at the time of **each visit.**
- Verification of benefits is done as a courtesy to our patients. Patient responsibility cannot be confirmed until receipt of first insurance payment. If you have any further questions, feel free to contact your insurance company for best explanation of benefits.
- All information taken is used solely to secure payment for services rendered. No information is released without prior written approval from patient/parent/guardian. All information is protected consistent with HIPPA guidelines and secured accordingly.

Patient/Parent/Guardian _____ Date _____