Team Rehab Physical Therapy, P.C.

10-15A Fort Salonga Road

Fort Salonga, New York 11768

631-343-9194

PATIENT AGREEMENT

- If a patient is more than 15 minutes late for an appointment, **Team Rehab Physical Therapy, P.C.** reserves the right to cancel the appointment and charge a $25 late cancellation fee.
- A scheduled appointment **MUST BE CANCELLED AT LEAST 24 HOURS IN ADVANCE, OR THE PATIENT WILL BE CHARGED** a $25.00 late cancellation fee. This policy applies to **ALL PATIENTS** including those eligible for No-Fault, Worker's Compensation, Medicare or any other insurance coverage
- Should a patient miss two consecutive appointments without calling to cancel, the patient will be taken off the master schedule and will forfeit all further permanent appointments.
- Full payment of your outstanding deductible and all initial co-payments are to be made directly to Team Rehab Physical Therapy, P.C.at the time of the initial visit. Subsequent physical therapy co-payments (and cancellation fees assessed) are to be made at the time of each visit.
- If any changes are made to patient insurance/payment coverage, patient agrees to alert Team Rehab Physical Therapy, P.C. as soon as possible to these changes.
- If the patient is directly sent any insurance reimbursement checks for services rendered by Team Rehab Physical Therapy, P.C. the patient is responsible to sign back of the check and deliver it to Team Rehab Physical Therapy P.C. within a reasonable time. The patient will be personally responsible for checks not relinquished to Team Rehab Physical Therapy, P.C. and will be charged for the amount paid to the patient as per their insurance Explanation of Benefits form.

_____ I understand that I will pay all treatment fees directly to Team Rehab Physical Therapy, P.C.

_____ I understand that I am responsible for my deductible, co-pays and all late cancellation or no-show fees.

_____ I hereby state that I am not eligible for NY No-Fault, NY Worker's Compensation or Medicare.

I agree to treatment on the above terms.

Name_____ Date_____

Signature_____