

Patient Agreement

Dear Patient,

Welcome to Barnabas Health Ambulatory Care Center!

Thank you for choosing The Physical and Occupational Therapy Program to provide services for your needs. We hope and expect that our services will meet your needs in a pleasant environment. To ensure that all therapy sessions run smoothly and you have the best possible experience, please review the following guidelines:

PRESCRIPTIONS:

1. You **MUST** have a current (written no more than 4 weeks prior to start of evaluation) and complete prescription.
2. Prescription must be brought on the day of your evaluation.
3. Your primary therapist will inform you if a prescription needs to be renewed.

INSURANCE:

1. Upon intake, we call your insurance company to verify your benefits and inform you of the results prior to your appointment.
2. You **MUST** inform our office for any changes regarding your insurance information so we can better assist you during your therapy.
3. REFERRAL: If a referral is required, you must obtain one from your physician and bring it with you the day of your appointment date.
4. AUTHORIZATION: If an authorization is required for your evaluation, you must obtain one from your physician prior to your appointment date.

APPOINTMENTS:

1. Therapy sessions may vary from 30 to 60 minutes depending on your treatment plan. Please make sure that you arrive on time so we can provide the maximum therapy session for you. If you are late we may need to reschedule your appointment.
2. If you cannot keep an appointment, PLEASE call as at 973-322-7500 (option number 2) at least 24 hours before your appointment to cancel or reschedule. We will be happy to assist/accommodate your needs.
3. It is our policy that if you miss 3 consecutive appointments or 50% of your scheduled treatment sessions, we may cancel all other scheduled appointments. You will need to obtain a new prescription and call us to schedule a new appointment. Please inform your therapist for any extenuating circumstances.

PROVISION OF SERVICES:

1. Your treatment program will be established by a licensed physical or occupational therapist based upon a comprehensive evaluation related to your diagnosis. Your follow up visits may be with a licensed Physical Therapist/Physical Therapist Assistant or Occupational Therapist/Certified Occupational Therapy Assistant.
2. Goals will be established by you and your therapist and reviewed periodically.

I HAVE READ AND UNDERSTOOD THE ABOVE INFORMATION. I AGREE TO THE IMPORTANCE OF EACH IN MY REHABILITATION PROCESS.

Patient's Signature

Date

Therapist's Signature

Date

Time

MEDICARE PATIENTS: I have received both an explanation and a copy of the Notice of Exclusions from Medicare Benefits form. I understand the information that was presented to me.

Patient's Signature

Date

Therapist's Signature

Date

Time