

ATLANTIC PHYSICAL THERAPY & REHABILITATION

NO SHOW / CANCELLATION POLICY

We would like to thank you for choosing our clinic for your physical/occupational therapy treatment. In an effort to treat each patient to the best of our ability, please take the time to read our policy for no shows / cancellations. We take pride in our work and in the time we take to set up an individual treatment plan. We ask you, for your benefit, to attend your scheduled appointments on time, so that we can follow our treatment plan. Our policy is a "three strikes your out" policy. You will be charged 25.00 for no-show/ cancellations. Your therapist will advise you of any violations to the policy and then advise the front office on the third missed visit. We do understand that unplanned incidences to occur, and we will work with you, however, our # 1 goal is to make sure that every patient gets the quality care they deserve.

PATIENT SIGNATURE: _____ DATE: _____

PATIENT SUPPLIES (not covered by insurance)

If during the course of your physical/ occupational therapy treatment you are issued any miscellaneous items that your insurance company does not pay for, you will be responsible, to include, but not limited to:

- ◆ stim pads
- ◆ theratube
- ◆ paraffin
- ◆ splints / materials

PATIENT SIGNATURE: _____ DATE: _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES (HIPAA)

* You may refuse to sign this acknowledgment* You are entitled to a copy of this consent after you sign it.

Atlantic Physical Therapy & Rehabilitation will use and disclose your personal health information to treat you. To receive payment for the care we provide, and for other health care operation. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed Notice of Privacy Practices to help you better understand our policies about your personal health information. The terms of the notice may change with time and we will always post the current notice.

I, (printed name) _____, have received a copy of this facility's Notice of Privacy Practices.

Signature _____ Date _____
