

Welcome to Cahill Physical Therapy

On behalf of the entire staff, we would like to welcome you to our clinic. We are pleased to have the opportunity to assist you with your physical therapy care. Our goal is to provide the highest physical therapy treatments available in a professional and caring manner. We are committed to helping you attain your rehabilitation goals.

Please read the information below and provide your **initials/signature** next to the statement that you have read and agree to abide by the clinic’s policies. If you have any questions, please ask any of the staff members.

✗\_\_\_\_\_\_ **Appointments**

Your appointment time begins at the time noted on the schedule. Our goal is to keep your waiting time, to a minimum. Should you arrive past your appointment time, we will do everything we can to ensure you receive the maximum benefit from your program. Please understand our commitment to our outstanding service extends to all of our clients.

✗\_\_\_\_\_\_ **Patient Rights**

**Please review the HIPAA information provided and initial.**

In accordance with HIPAA, the Federal Health Information Portability and Accountability Act, health care facilities handle all personal information with care and respect for client’s privacy. We will not release your personal health information to any individual not directly related to your healthcare without your approved consent.

✗\_\_\_\_\_\_\_ **Insurance & Billing**

We will call and verify your insurance to obtain pertinent information regarding your co-pay and deductible prior to scheduling an appointment. Cahill Physical Therapy contracts with and will bill insurance carriers daily.

I authorize Cahill Physical Therapy to directly bill and furnish my insurance carrier(s), any and all requested information concerning my health care. I authorize my insurance carrier(s) to pay Cahill Physical Therapy directly for services rendered. If your insurance denies payment for your visits, you are required to pay the cash rate for those visits. The cash rate is $195.00 for the initial visit, and following visits after are $135.00.

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Signature (Patient or Legal Guardian) Date

✗\_\_\_\_\_\_\_ **Cancellations**

**We ask if you do have to cancel a physical therapy appointment to please give us a 24-hour (business hours) notice or you will be charged a $80.00 cancellation fee**. It is then in your best interest to reschedule any canceled appointment to ensure completion of prescribed physician visits. Any absences, and all status changes, whether positive or negative, will be reported to your physician and/or case manager.

By initialing above, I agree to adhere to the 24-hour cancellation policy and understand that I will be charged a fee for cancelling within a 24-hour frame from my scheduled appointment.

✗\_\_\_\_\_\_\_ **Payment**

We require a credit card on file for each patient that will be used by Cahill Physical Therapy for balances **and** late cancelations. Full payment for self-pay patients, co-payments, and deductibles are due at the time of service.

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Name on Card Signature

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Credit Card Number Expiration Date // CVV

✗\_\_\_\_\_\_\_ **Stopping or Discontinuing**

We have been entrusted with your care, and we take the prescription, as well as rehabilitation program, very seriously. Criteria for stopping and/or discontinuing physical therapy are as follows:

* Meeting goals
* Plateau in progress
* A condition that is beyond our scope of practice
* Failure to attend 3 consecutive appointments
* Your decision to discharge for any reason

Sincerely,

Catherine Cahill, D.P.T.

President, Cahill Physical Therapy