



Welcome to Elite Physical Therapy. Your physician has referred you to physical therapy to assist in your healing and recovery. In order for us to most effectively assist you on the road to recovery, the following guidelines and policies have been implemented.

- **Clothing:** For future visits, please wear loose, comfortable clothing, including sneakers.
- **Attendance:** To assist you in your care, consistent and timely attendance to your physical therapy is extremely important. If you must cancel, please call prior to your appointment. (Appropriate phone numbers found on letter head above). To avoid a \$10.00 cancellation fee, please call 24 hours in advance, or, be sure to reschedule your appointment within the same week. If you are more than 15 minutes late for you appointment, it may be necessary to reschedule. If you do miss a physical therapy appointment without notice, your visit will be considered a “no show”. In this case, Elite Physical Therapy reserves the right to charge a \$20.00 no show fee. If you miss more than 2 physical therapy appointments, you may be discharged from physical therapy. If your visits are being filed under Worker’s Compensation or Short Term Disability, please be aware that your claim may be jeopardized if you miss appointments without justifiable cause.
- **Cell Phones:** Except in emergency situations, please keep cell phones off or on vibrate mode as your therapist will require your full attention.
- **Children:** For your child’s safety, please do not bring your children to physical therapy. We do realize that occasional situations may arise in which you must bring your children, but it should not be a common occurrence.
- **Insurance:** As a courtesy to you, we bill your insurance company for the services you receive at Elite Physical Therapy. However, any co-insurance and or co-pays are due at the time of service. We will also verify your benefits for our services however; this **is not**, a guarantee. We don’t accept third party billing. Please see receptionist regarding rules on auto claims.

If you have any questions or concerns regarding these policies and guidelines, please feel free to ask your physical therapist or the front desk staff. We are certain this will be a mutually rewarding experience and we look forward to assisting you in attaining your goals.

Sincerely,

The Staff of Elite Physical Therapy

I acknowledge I have read and understand the above information.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date