



To Our Patients: PLEASE READ AND SIGN OUR ATTENDANCE AND FINANCIAL POLICIES

Attendance Policy

Thank you for choosing OSR Physical Therapy as your physical therapy provider. It is our policy to be as accommodating as possible to you, the patient, in scheduling your physical therapy visits. Consistent attendance allows you and your therapist to progress your treatment program which will result in quicker recovery and better outcomes.

In the event that you are unable to make one of your appointments, please call our office in advance. We will immediately reschedule your appointment in the first available time slot. **There will be a \$20 charge for a same-day cancellation or appointment no show.** If you, the patient, are more than 15 minutes late for your scheduled appointment, it is at the physical therapist's discretion to treat you or have you reschedule.

Canceling or "no showing" for more than three appointments will unfortunately limit your ability to schedule advanced appointments and may result in allowing same day scheduling only.

Financial Policy

We are happy to submit insurance claims on your behalf and we will work with your insurance company(ies) to receive payments. Non-covered services, denied bills, or slow payments by an insurance company will be billed directly to you. Any balance over 90 days old may be placed with our collection agency. You are responsible for any fees that are incurred by the collection agency. **Please remember that it is ultimately your responsibility to know your insurance benefits and their requirements.** This includes required co-payments and deductible amounts, and certain limitations. We recommend that you call your insurance company before your visit to verify your benefits.

In certain instances your health insurance may not be responsible for your treatment. Additional information is required if you intend to utilize one of the following options.

1. **Workers' Compensation & Auto injuries** – It is important that you provide us with the names, addresses, and telephone numbers of your employer, the insurance carrier, the date and cause of injury, and the claim number. We will also require your private health insurance information should your claim be denied or your benefits exhausted.
2. **Patients Without Insurance** – We want to work with you if you do not have health insurance. Payment is required at the time of service. If you need to set up a payment plan, please let us know.

Providing the above information permits us to work on your behalf to verify your insurance policy(s) so that you are utilizing your maximum insurance benefits. If you choose not to provide the above information, we are unable to bill your insurance company, therefore, you will be held personally responsible for payment of your services.

I acknowledge that I have read, understand and accept the above policies.

Patient Signature (Parent/Guardian if under 18 years old)

Date

Required Signature (Update Annually)