



WELCOME!

Dear New Patient,

Welcome to Active Physical Therapy! We are happy that you have chosen us to provide your Physical Therapy. We will work together as a team to get you feeling better and focus on what is important to you. As part of your orientation, we ask that you take a moment to review the following information so you know what you can expect from your time with us. Remember communication is an important facet in meeting your goals.

Your first visit will be a complete Physical Therapy evaluation. This visit will be 60 minutes. We will discuss your medical history, current condition and perform a complete physical evaluation. The physical examination will consist of specialized tests designed to assess your mechanics as well as your strengths and weaknesses.

In response to the Covid-19 pandemic we are offering telehealth appointments. If you do not feel comfortable coming into the office, please inform your therapist to determine if telehealth is right for you.

Our expectations for you as a patient are that you:

- Arrive on time to scheduled appointments. If you are more than 15 minutes late, your appointment will be rescheduled. (initial) _____
- Please give us at least 24 hours' notice should you need to cancel or reschedule your appointment. There is a \$40.00 no show / cancellation fee charged if we are not properly notified. We are understanding of extenuating circumstances. (initial) _____
- Understand that if you cancel under 24 hours or no show to 3 appointments your doctor will be contacted and your future visits may be cancelled. (initial) _____
- Notify our receptionist promptly if you have any changes in your insurance coverage, employment, address, or telephone number. (initial) _____
- Contact your insurance carrier for the most up to date information regarding your plan, as ultimately, any discrepancies or outstanding balances are your responsibility. Just so you are clear, *verification of benefits is not a guarantee of payment.* (initial) _____

If you have any questions regarding insurance, please do not hesitate to ask us.

Please provide your mobile phone number if you would like to receive text message reminders for your appointments. _____ - _____ - _____

We look forward to helping you achieve your goals and thanks again for choosing PT with us!

I have read and understand the above information and policies.

Patient Signature

_____/_____/_____

Date