

METRO PHYSICAL THERAPY AND SPORTS REHABILITATION L.L.P

Dear Patient,

Welcome to METRO PHYSICAL THERAPY AND SPORTS REHABILITATION. Thank you for choosing our office for your physical therapy and rehabilitation.

At Metro PT you will meet a team of experienced and qualified physical therapists who will help you in achieving your goals. Here we will provide you with the most compassionate care to restore movement, function and relieve your pain. Our ultimate goal is to provide you with the highest quality of care to reach best results possible. We look forward to helping you on the road to recovery.

At your first visit (initial evaluation), your PT will discuss his findings based on the examination and will design a plan of care for you. We will provide you with proper attire, however you can choose to bring your shorts and or tank tops for the exposure of the affected areas. Please arrive 15 minutes earlier for your first visit if you are going to complete the intake forms in the office. We suggest that you make appointments with 2 weeks lead time to assure your preferred time slots.

We absolutely require 24-hours notice in advance should you need to cancel or change any of your appointments. This will allow us to accommodate other patients. Unfortunately if you fail to notify us we will have to charge you that session's full fee. If you call when the office is closed, please leave a message with the day and time you called with the answering service.

If Medicare is your health provider, you are responsible for having a current prescription on file. You are required by federal policy to renew your prescription every 30 days.

Some insurance providers require out of network authorization in order for you to be treated and reimbursed. Please ask the office manager for help. We will make every effort to assist you in obtaining the authorization.

We ask that all payments be made on the day of service. We accept cash, Visa, Master card and checks as forms of payment.

I have read the above and understood the information provided.

Signature: _____ Date: _____

Please print this from and sign in the space above.