



Dear Patient:

We want to make you aware of some important policies at Active Motion Physical Therapy:

- Please check in with our receptionists when you arrive, and check out with them before you leave. Co-pays are due at the time of service.
- It is your responsibility to verify, understand, and keep track of your insurance benefits. Call the number on your insurance card to verify whether or not Active Motion Physical therapy is in-network with your policy. If you exceed the number of visits your policy allows, you will be charged the self-pay rate of \$75.00 for any visits not covered by your insurance carrier.
- Your appointment is an agreement between you and Active Motion Physical Therapy. We agree to reserve a specific time period for you, and you agree to keep your appointment, unless you have given us at least 24 hours advanced notice that you need to cancel or reschedule the appointment. If you cancel within less than 24 hours of your scheduled time, or do not show up for your appointment, you will automatically be charged \$50.00 for that appointment. Exceptions are made for illnesses, emergencies, or inclement weather that makes it too dangerous or difficult to get here. In those cases, if you call us, we will waive the \$50.00 fee. If you are ill, please call us to cancel. We do not want you to come in if you're sick, and you will not be charged for the late cancellation.

We appreciate your consideration for our therapists, our practice, and our other patients.

I have read, understand and agree to abide by the above-stated insurance and cancellation policies. I also understand that Active Motion Physical Therapy is not responsible for any inaccurate information my insurance company may provide.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_