

**Welcome to
Healing Motion Physical Therapy!**

To help you understand our policies, please read the following guidelines:

Appointments

Attendance at all scheduled appointments is important. Our appointments are on a 45 - 60-minute basis. If you are late for your appointment, your therapist may feel it necessary to do only a portion of your treatment, or reschedule for another day. If a scheduling conflict occurs, please call us at 541-929-2255 as soon as possible. We may be able to use your time for another patient and reschedule you for a more convenient time.

No Show Appointments

I understand that the responsibility for attending appointments that are scheduled is mine. A reminder card will be given when each appointment is scheduled. If a no show, late arrival, or cancellation occurs you will be billed at the following rate:

Initial: _____ No show: If you do not come to a scheduled appointment you will be billed \$50.

Initial: _____ Late Cancellation: Because treatment space is tightly scheduled, and therapist time is, limited cancellation at least 24 hours in advance is requested. If you call with less than 24 hours' notice to cancel you will be billed \$40.

Initial: _____ Late fee: If you arrive more than 15 mins late you will be billed \$30 to recoup expenses.

Attire

Please wear or bring comfortable clothing which exposes the area that we are treating. For example, short sleeve shirt, tank top, or shorts.

Co-Payments

Please be aware of your insurance benefits and be prepared to pay any co-payments you may have each time you come to our office.

Assignment of insurance benefits

By signing below, you assign and authorize payments to be made directly to Healing Motion Physical Therapy, Inc. the insurance benefits which would otherwise be payable to you for physical therapy expenses. A photocopy of this assignment and authorization is considered as valid and effective as the original.

Notice regarding insurance benefits

You understand that you are responsible for charges incurred with Healing Motion Physical Therapy which are not covered through your insurance. As a service to you, we will complete and submit your insurance claim. All fees and expenses incurred by you in this clinic, not compensated by your insurance company, are solely your responsibility. Regardless of any insurance claims, full payment is due in less than 60 days.

By signing, I acknowledge that I have read and understand the above policies and procedures.

X _____

Patient/Guardian Signature

Date