



IMPORTANT COMPANY POLICIES

We strive to provide you the best personalized care available. To make this possible, we adhere to a set of very important policies. Please read them carefully, initial all the boxes, & indicate your agreement by signing at the bottom.



LATE POLICY "10 MINUTES"

Being late by more than 10 minutes will require you to either reschedule or wait for the next available reservation. There are no guarantees since reservations due to cancellations are unpredictable. We do not allow reservation overlap because this undeservedly compromises the care of another patient.



24-HOUR ADVANCE NOTICE FEE

If you wish to change or cancel a reservation we require a minimum **24-hour advance notice**. Anything less may result in a **\$10.00 fee** charged to your account. It costs us money to make reservations available to you. Whether you attend or not we still accrue the expenses (for staff wages, rent, etc.) We don't charge you the actual cost for that reservation but rather a mere **\$10.00 fee**. We do NOT make money with this charge; it is only to act as a deterrent from making last minute changes. Advance notice allows someone else (who needs it) time to reserve it in place of your. Please be courteous & responsible. Thank You.



COPAYS ARE DUE UPON ARRIVAL

Copays are due upon arrival or unless other financial arrangements have been made with the Front Desk. Annual deductibles can be made in installments upon making arrangements with the Front Desk.



AUTOMATED APPOINTMENT REMINDERS FROM HEALING HANDS

Healing Hands Physical Therapy Centers offers automated reservation reminders. Please specify your contact preference: ☎ Telephone _____
📧 Text Message _____ ✉ Email _____ ☒ No Reminders Requested _____



NO SHOWS ARE BAD

If you fail to show for a reservation without notice, all future reservations will be removed & a \$10.00 fee is assessed to your account. You may reschedule reservations again on a "first come, first serve basis".



CELL PHONES MUST BE SHUT OFF or SILENT

We realize emergencies may arise & therefore allow you to carry your cell phone during your sessions, however, please be courteous & set the phone to silent mode or turn off. Thank You.



CHILDREN REQUIRING SUPERVISION ARE NOT ALLOWED TO ATTEND SESSIONS WITH YOU

If your child does not require supervision & is capable of waiting for you quietly then you may bring them. If any disturbance is caused to other patients or staff members you may be asked to terminate your session early & attend to your child.



IMPORTANT NOTICE FROM THE FEDERAL GOVERNMENT

"It is unlawful to routinely avoid paying your copayment(s), deductible(s), or coinsurance payment(s)...even if your physician allows it. Unless you complete a "Financial Hardship" form & qualify for financial assistance under Federal Standards, you may NOT routinely evade paying your responsibility portions for medical care as outlined in your insurance plan even if your physician allows it. You both may be charged for breaking the law. This includes services deemed as "professional courtesy" & TWIP's – Take What Insurance Pays". Failure to comply places you in violation of the following laws: Federal False Claims Act, Federal Anti-Kickback Statute, Federal Insurance Fraud Laws, State Insurance Fraud Laws. Failure to comply may result in civil money penalties (CMP) in accordance with the new provision section 1128A(a)(5) of the Health Insurance Portability & Accountability Act of 1996 [section 231(h) of HIPAA]. Exceptional cases do apply. Please see contact info for more information. Office of Inspector General, Department of Health & Human Services. Contact by telephone @ 202.619.1343, by facsimile @ 202.260.8512, by email @ paffairs@oig.hhs.gov, by US Postal Service @ Office of Inspector General, Office of Public Affairs, Department of Health & Human Services, Room 5541 Cohen Building, 333 Independence Avenue, S.W., Washington, DC. 20201, Joel Schaefer, Office of Counsel to the Inspector General, 202.619.0089.

WE LOOK FORWARD TO BUILDING A RELATIONSHIP WITH YOU THAT WILL LAST A LIFETIME!

Patient's Signature

Date