

# OREGON NEUROSPORT PHYSICAL THERAPY

## Office Policies

### HEALTH INSURANCE

As a courtesy, Oregon Neurosport Physical Therapy will contact health insurance providers to verify current plan benefits, and process any paperwork required for a prior authorization (PA). However, please remember that your policy is a contract between you and your insurance company and you have the final responsibility for charges. While your doctor may request a specific number of physical therapy visits, your insurance may or may not allow a specific amount of visits under your plan. It is ultimately the patient's responsibility to be well informed any specifics pertaining to items and/or services not covered under his/her health plan. Any co-pays are required at the time of service. Initials\_\_\_\_\_

### LOANER ITEMS

Occasionally, ONPT will loan out supplies for patients to use at home. If an item is not returned or if no communication is made regarding a supply after two weeks time, we will assume the patient wishes to keep the item and it will be billed accordingly. Initials\_\_\_\_\_

### LATE POLICY

If you are more than 10 minutes late for your scheduled appointment time, you may be asked to reschedule for another day. Our office tries to stay on schedule by adhering to a fixed amount of time per patient, and when you are late, it unfairly spills over into an allotted appointment time for our next patient. Initials\_\_\_\_\_

### NO SHOW POLICY

A "no-show" is someone who misses an appointment without communication in advance. "No-shows" inconvenience 3 people: 1) you, the patient who benefits from consistent treatment, 2) another patient who could have been contacted from our wait list had we been given sufficient notice that you were unable to keep your appointment, 3) the therapist that was scheduled to treat you, who now has an empty appointment time. Failure to arrive at the time of appointment will be recorded in the patient's chart as a "no-show". Currently, ONPT does not charge a fee for failing to miss an appointment; however, **two "no-shows" will result in the temporary suspension of services and future appointments will be cancelled.** The individual will need to refer back to his/her doctor to reinstate physical therapy appointments. Initials\_\_\_\_\_

### RETURN TO WORK

If, while in the midst of a series of therapy visits, you return to your doctor and s/he releases you to go back to work, we appreciate a phone call informing us so that we may cancel any remaining visits you have. The doctor's office will not contact our office to give us this information. Initials\_\_\_\_\_

My signature below states that I have read and understand the above policies.

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