



CHRIS PRENTISS PHYSICAL THERAPY

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WELCOME!

Welcome to our facility! Thank you for choosing our team for your Physical Therapy. We know you have many choices for your treatment and thus we will strive to provide you with the highest quality care to assist you in a speedy recovery.

As part of your orientation, we ask that you take a moment to review the following information so you know what you can expect from your time with us. A copy of this form will be given to you upon request.

Your first visit will consist of a complete Physical Therapy evaluation. We will discuss your physical history, current condition and perform a complete physical examination. The physical examination will consist of specialized tests designed to assess your mechanics as well as your strengths and weakness'. This will enable our team to develop an individualized program specifically designed to treat your diagnosis and particular functional limitations. Our goal is to alleviate your pain and return you to your pre injury level of function.

Our facility hours are:

Monday 8am–8pm, Tuesday 9am–3pm, Wednesday 8am–8pm, Thursday 9am–8pm and Friday 8am–6pm.

We will make every effort to accommodate your schedule. We ask that you schedule your appointments one week or more in advance to ensure you obtain the dates and times that best fit your availability.

We value your time and as such, appointment times are at a premium. To get the best results from your treatment it is imperative that you attend PT consistently. **If you cancel, please do so 24 hours in advance.** This will allow another patient to obtain that spot and receive their treatment. You may be subject to calling for available appointments (we will not pre book appointments) if you "No Show" (miss without calling) 3 visits. No Showing for appointments prevents someone else from receiving treatment and leaves us with empty time in our work day. In addition, your insurance company may inquire about your attendance which may affect their determination in approving and paying for continued treatment. **Cancellations made within 24 hours of your appointment and "No Shows" will be charged a \$35.00 fee.** This is neither billable nor payable by your insurance company and will be your responsibility.

Please notify our office team promptly if you have any change in your insurance coverage, employment, address or telephone number. If you have any questions regarding your insurance, please do not hesitate to ask us. You should contact your insurance carrier for the most up to date information regarding your plan, as ultimately, the responsibility for any discrepancies or outstanding balances are your responsibility. *Verification of benefits is not a guarantee of payment.*

Please give any updated prescriptions as well as correspondences from your insurance company to our office team.

Co Payments are due upon arrival and prior to treatment.

We accept cash, checks and credit cards (excluding American Express).

We appreciate your adherence to these policies.

Our Team looks forward to helping you achieve your goals in your recovery and watching you get back to your pre injury level of function.

I have read and understand the above information and policies.

Patients / Responsible Parties Signature

_____/_____/_____
Date

CPPT Team Member's Signature

_____/_____/_____
Date