Rehabilitation Physicians, PC

Relieving Pain and Restoring Lives

FINANCIAL & ATTENDANCE EXPECTATIONS

Attendance

Our physicians strive to provide appointment access to our patients in a timely manner. In an effort to do so we ask that our patients contact our office when they are unable to keep a scheduled appointment. We understand that life situations may arise resulting in one's inability to attend a scheduled appointment; however we do ask for the consideration of calling the office to inform us as soon as possible, preferably at least 24 hour notice. If notice is not provided it is considered a no show.

- Missed appointments are documented in the medical record
- Refills may be held until a patient see's their physician
- No show fee of $25.00 is applicable to all no show appointments
- No show fees are collected prior to the patients' receiving additional appointments
- Patients that no show to appointments are subject to dismissal from the practice

PATIENT INITIALS: _____

Financial Responsibilities

- Rehabilitation Physicians, PC is required by contract with all insurance carriers to collect copays, deductibles, co-insurance and any non- covered services provided
- It is the responsibility of our practice staff to collect account balances **at the time of service**
- If payments are not made, further appointments will be rescheduled or held until payment is made
- Payment for Insurance claims under investigation or litigation will be the responsibility of the patient. This will include past and/or current services provided
- Payments can be made with cash, check or credit/debit card
- There will be a fee placed on your account in the event of a returned check
- It the patients responsibility to provide current and active insurance information
- It is the responsibility of the patient to ensure referrals or authorizations have been obtained prior to the appointment
- Payment may be required for paperwork completion

PATIENT INTIALS: _____

Thank you in advance for your cooperation and understanding. A copy of this form is available upon request.

_____ _____

Patient or Representative's Signature Date