Patient Office Policies

Office Use Only
Patient #_____

Patient Name:_____ DOB:_____

(Please Print)

COMMITMENT TO QUALITY CARE: *We appreciate the confidence that you and your physicians have in Pro Fit Rehab. We hope that you will be pleased with your progress as we strive to provide excellent care. Please let us know if there is anything that we can do to enhance our commitment to excellence.*

Scheduling
After your first visit, your therapist will recommend how often you need to schedule follow-up appointments. We schedule appointments two weeks in advance, so please schedule appropriately. Our office hours are Mon: 7:30-7, Tues: 9-2, Wed 9-7, Thurs 9-12, Fri: 11-6, Sat: By appointment only. **If for any reason you are going to be late for your appointment, please contact us.** We will make every attempt to accommodate your schedule; however, at times we may need to reschedule in order to ensure proper treatment. **Three** consecutively missed appointments, without prior notice, may result in cancellation of all future appointments. Our number is (704) 971-9194.

Billing
Pro Fit Rehab, LLC participates in a variety of insurance plans. Some insurance plans require pre-authorization for therapy services. We work diligently to ensure proper authorization is up to date and encourage you to monitor the number of visits you use. As a courtesy, we verify benefits and file claims. We do everything possible to see that claims are processed accurately. We encourage you to review your insurance benefits as described in your benefits booklet or by calling your insurance company since you are ultimately responsible for any incurred charges. Our patient account representatives will be happy to answer any of your questions.

Missed Appointments

There will be a $40 FEE for all MISSED APPOINTMENTS WITHOUT prior notice.

Insurance
Who is responsible for my bill? Pro Fit Rehab, LLC states that you, the patient, are solely responsible for any charges that you incur with us.

If your insurance carrier has not paid a claim within **60** days of submission, you are responsible to take an active part in the recovery of the claim, and after **90** days, you will be responsible for payment in full for any outstanding balance.

What if I have insurance? For your convenience, we will be happy to file your private insurance when provided with the proper information. **All deductible payments must be made prior to insurance submittal.** Co-payments, co-insurance, and items not covered should be paid at the time of service. We will try to provide you with accurate information regarding "in-network" and 'out-of-network" coverage. It is ultimately your responsibility to know your network providers. Please contact your insurance carrier if you have questions.

It is the goal of this office to provide you with the finest quality Physical Therapy and/or Chiropractic care available. If you have any questions with regard to your health care, or any of our policies, please let us know. We look forward to your referrals and to a relationship that works for our mutual benefit.

I have read fully these policies, I understand them completely, and I agree to abide by them.

_____ _____
Signature of Patient or Legal Guardian Date