

## **W**elcome to RYE PHYSICAL THERAPY AND REHABILITATION!

Our team of experienced physical therapists is here to provide you with compassionate, innovation care to restore and/or achieve optimal movement and function and relieve your pain. We believe treatment success is a partnership-with you, our patient, and with your physician. It is important for you, therefore, to understand a little about how our office functions and to know about state and insurance requirements so that your treatments proceed uninterrupted and you achieve the best results possible.

**ABOUT OUR OFFICE HOURS AND YOUR APPOINTMENTS** Our office hours are Monday through Friday 6:00 a.m. to 7:30 p.m. and Saturdays 8:00 a.m. to 12:00 p.m. Sessions are by appointment only. Appointments should be scheduled at least one week in advance to ensure getting a timeframe most convenient for you.

We make every effort to see our patients on time and respect their schedules. Therefore, we request the same from them. We would appreciate your arriving 5-10 minutes earlier than your scheduled appointment. **Please check in at the front desk and then have a seat in the waiting room until you are called in by your therapist.** In order to respect the privacy of our patients we ask that you not enter the back treatment area, under any circumstances, unless you are directed to do so by office staff or therapists. If your appointment is in "off" hours (prior to 8:00 a.m.), take a seat in the waiting room where a therapist will be able to see you. If you are going to be late for an appointment, please call to see if the therapist can accommodate you or if rescheduling is required. If you arrive more than ten (10) minutes after your scheduled time, we reserve the right to cancel that visit and reschedule for another time.

### **APPOINTMENT CANCELLATIONS**

We require at least 24 hours advance notice for appointment cancellations. If our office is closed when you call, please leave a message on our answering machine. If you do not show up for a scheduled appointment, there will be a \$50.00 fee charged directly to you which is not reimbursable by insurance. Two consecutive "no-show" appointments will result in cancellation of all future appointments until you see your physician.

### **PARKING**

There are parking facilities at both of our office locations.

**STATE AND INSURANCE REQUIREMENTS FOR PHYSICAL THERAPY:** While we will try to keep updated about the physical therapy benefits provided under your specific insurance plan, it is ultimately your responsibility to be knowledgeable about your benefits package. You need to know how often you are required to get a prescription from your physician for continued therapeutic care, whether or not you need pre-certification or authorization or another specialized form PRIOR to receiving care.

In addition to insurance coverage requirements, the State of New York requires that you provide us with a prescription for physical therapy services from your physician. Most prescriptions cover services from your initial visit through the time indicated on the prescription. If a timeframe is not indicated, then the prescription is valid for four (4) weeks from the start of care. It's up to you to check with your insurance company about requirements for physical therapy so that your care is not interrupted.

**MEDICARE PATIENTS:** If you are covered under Medicare, it is Federal policy that you see your physician every four (4) weeks to continue physical therapy. If you fail to do so, you will not be eligible to continue your care. In addition, if "objectively measurable progress" is not made over the course of a month, Medicare will consider further care as "maintenance care" and will not cover the cost of care. If, at that time, you want to continue therapy on your own, you will need to pay an out-of-pocket charge in accordance with the Medicare fee schedule. Any further questions about this issue can be discussed with your therapist.

**PAYMENT:** We ask that all co-payments be paid on the same day of service. We accept cash, Visa/Mastercard, American Express and checks as forms of payment. You can also pay for visits in bulk (i.e., per week, month, etc.).

I have read the above noted and understand the information provided.

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_