

Thank you for choosing Moffett Physical Therapy as your physical therapy provider. We are committed to providing you with the highest quality health care. Below you will find a statement of our Patient Treatment and Cancellation Policy.

Patient Treatment Agreement

As a courtesy to you, we will process all of your health insurance claims through your insurance provider. Insurance coverage is subject to limitations, deductibles, co-pays, and maximums based on the terms of your insurance plan; which is your responsibility. Please contact your insurance company for a detail of your benefits. Your insurance company and your insurance plan benefits ultimately determine the amount paid.

All charges you incur are your responsibility, regardless of your insurance coverage. We must emphasize that as your healthcare provider, our relationship is with you, our patient; not with your insurance company. Your insurance policy is a contract between you and your insurance company. Our office is not a party to that contract.

We ask that you sign this form and/or any other necessary documents that may be required by your insurance company. This form instructs your insurance company to make payment directly to our office. By signing this form, you authorize the release of any information concerning your healthcare advice and treatment provided for the purpose of evaluation and administering claims for insurance benefits. We will cooperate fully with the regulations and requests of your insurance company that may assist in the claim being paid. Our office will not, however; enter into a dispute with your insurance company over any claim.

We ask that you pay the deductible, co-payment, and co-insurance; which is the estimated amount not covered by your insurance company. This amount is due at the time of service, when applicable and payable by cash, check, Mastercard or Visa card.

Missed Appointments/ Cancellations

Our goal is to provide treatment in a timely manner. In order to provide the best services to our patients, we require at least a 24-hour notice for cancellations or for rescheduling your appointments. We understand that unforeseen circumstances may arise, which may result in canceling or missing your appointment but multiple missed, short notice or cancelled appointments prevents us from providing you the best possible care; as well as, other patients waiting to be seen for an appointment.

Please note: If you are in pain, please call and speak to your therapist before cancelling an appointment. Pain can fluctuate as your course of treatment progresses. If you are no longer in pain, now is the time to do some real correction of the underlying causes of your problem and educate you so you do not re-injure yourself.

There is a \$25 charge for a cancellation without proper notice provided. This charge will not be covered by insurance. For Worker's Compensation or Personal Injury patients, documentation of any missed appointments is forwarded to your Case Manager and Referring Physician. Please be advised this may jeopardize your claim.

I, _____, do hereby agree and give my consent for Moffett Physical Therapy to furnish medical care and treatment as considered necessary and proper in diagnosing or treating my physical condition. I also agree to the terms and conditions as stated above.

Patient Signature

Date