

MEDICARE PATIENTS ONLY REGARDING PHYSICAL THERAPY BENEFITS

Medicare may not pay for physical therapy in excess of \$1940.00 per calendar year. If costs exceed the benefit of \$1940.00 then it may become your responsibility. Please let us know if you have had therapy this year. Please Initial _____

Have you had Physical Therapy in another facility? Yes ___ No ___

Please indicate dates. _____ to _____

NO SHOW FEE/CANCELLATION POLICY

South Orange Rehabilitation & Wellness, LLC requires a 24 hour notice for appointment cancellations. You may be charged a \$50.00 cancellation fee for appointments that are cancelled with less than a 24 hour notice.

Please initial _____

REMINDER CALL AUTHORIZATION

A Reminder for appointments is a service that we provide. Many patients appreciate this service, however, under new HIPAA regulations we understand that leaving specific information regarding your personal health may be a violation of your privacy. Please check the appropriate boxes below. We will do our best to provide the service that meets your needs.

Please choose one option:

Phone: _____ Text: _____

Email: _____ None: _____

Date: _____

Patient name _____

Patient signature _____

(Please Print)

Parent/Guardian name _____

Parent/Guardian signature _____

(Please Print)