



connect
PHYSICAL THERAPY
www.connectPT.org

1675 Whitehorse Mercerville Road
Suite 101
Hamilton, NJ 08619
P (609) 584-4770 F (609) 584-4880

201 Candlewood Commons
Howell, NJ 07731
P (732) 994-7755 F (732) 994-7757

PHYSICAL THERAPY POLICIES ACKNOWLEDGEMENT AGREEMENT

FINANCIAL POLICY ACKNOWLEDGEMENT AGREEMENT

I, _____, hereby authorize my insurance company to pay the proceeds of any benefits (Patient's name & Date of Birth) due to me directly to **Connect Physical Therapy** and further agree to pay my account as services are provided. If for any reason there is a balance on my account, I agree to pay promptly.

I authorize the release of any medical or other information necessary to process my claim.

I acknowledge and understand that I am responsible for all the charges for all the services rendered to me or any member of my family.

In the event that decision is made by a motor vehicle carrier to disallow payment for services as being unrelated to the accident, I understand that I will be responsible for those outstanding balances.

Although I have requested **Connect Physical Therapy** to bill my insurance carrier on my behalf, I clearly understand that it is my responsibility to make sure that claims are paid in a reasonable length of time. If, for any reason, any portion of my bill is not paid by my insurance, I further agree to make arrangements for prompt payment of outstanding balance.

OFFICE ATTENDANCE POLICY

It is very important for your recovery that you attend all of your regularly scheduled appointments. We do understand that from time to time it may be necessary for you to cancel a visit. Please read our office attendance policy below:

- Cancellations or rescheduling must be made **24 hours in advance (or earlier)** of your scheduled appointment. For appointments, please call Hamilton at (609) 584-4770 or Howell at (732) 994-7755.
- Cancellations or reschedules made **less than 24 hours will necessitate a \$40 charge** (effective 7/24/17) to the patient.
- **Two (2)** "no shows" will necessitate discharge from all remaining therapy services and a discharge note will be sent to your physician. A "no show" will also necessitate a **\$40 charge** (effective 7/24/17) to the patient.
- **Three (3)** cancellations or reschedules with less than 24 hours notice will necessitate discharge from all remaining therapy services and a discharge note will be sent to your physician.
- If there is no activity for **30 days** with your physical therapy we will automatically discharge the account and send your physician a discharge note.
- In case of a **late arrival** to your appointment, the remainder of the scheduled treatment time will be devoted to your care.

We ask that you please notify your therapist one week prior of your next doctor's appointment in order to ensure that a progress note is sent in a timely manner.

Please sign below to confirm receipt of this information. A copy will be given to you upon request. If you have any questions please discuss them with the front office staff.

Signature of patient or responsible party

Date