



PATIENT AGREEMENT

Thank you for choosing Gary P. Guerriero, P.T.P.C. at the U.S. Athletic Training Center for your therapy needs. We look forward to working with you to meet your therapy goals. We ask that you **read** and sign this agreement. The following information lays out our billing, payment, scheduling and cancellation procedures. If you have any questions please ask for clarification.

- All patients attending physical therapy **must have a valid written prescription by a medical doctor, osteopath or podiatrist**. Insurance companies may not honor claims that are not accompanied by this prescription. Prescriptions will need to be updated throughout treatment.
- As a courtesy we will assist the patient in submitting claims to their primary insurance carrier. **We do not forward claims to secondary insurance carriers**. Occasionally insurance carriers request additional information in order to process claims which may require the patient's assistance.
- Patients must notify the billing department immediately of any changes to insurance coverage or demographic information. Failure to do so may result in the patient being responsible for the full amount of services rendered.
- **Patients are responsible for any co-payment, deductible, co-insurance or any non-covered items by their insurance company. Payment is expected at the time services are rendered or by credit card on file.**
- Patients are responsible for scheduling and confirming appointments with the front desk. Any changes in scheduling should be handled with the front desk and **NOT** the therapist. Due to high volume of patients, we recommend scheduling all visits at least two weeks in advance to reserve the desired times with a given therapist. Appointments are available: Monday through Friday 6:00am – 6:40pm, Saturday 10:00am – 1:20pm.
- **Scheduled appointments must be cancelled at least 24 hours in advance to avoid a cancellation fee of \$100. Similarly, a \$100 fee will be assessed if a patient does not show up for a scheduled appointment.** The fee is not waived for business or travel and is not billable to any insurance carrier. Patients are advised to obtain printouts of their schedule from the front desk to avoid any errors.

I have read, understand and agree to all the above terms.

X

Patient/Guarantor Signature

Date