

## Patient Guidelines

### **\*Please read and initial each guideline**

Physical Therapists are highly educated, licensed health care providers who help patients improve or restore mobility and reduce pain. \_\_\_\_\_

We want you to receive the maximum benefits from your rehabilitation program. This means it is very important that you attend all of your therapy appointments, minimizing any absences or gaps and that you follow your home exercise program, if provided. \_\_\_\_\_

At your first appointment your physical therapist will perform a detailed evaluation and in most cases they will begin treatment. \_\_\_\_\_

You will get out of therapy what you put into it. Sufficient effort, as agreed upon between you and your therapist, is necessary to maximize the benefit from each treatment. \_\_\_\_\_

Cancellations require **24 business hours' notice** or you will be charged a \$50.00 missed appointment fee, *payable prior to your next appointment*. Unpaid missed appointment fees accrue interest and will be sent to collections. \_\_\_\_\_

No showing an appointment means that you do not call or you call right before a scheduled appointment to cancel. This is subject to the \$50.00 missed appointment fee. We reserve the right to discharge you from our care if there is more than one missed appointment \_\_\_\_\_

As a courtesy, our office offers appointment reminders via auto-phone call, text message or email. These reminders are sent from a third party and our office is not responsible for unreceived messages. It is your responsibility to keep track of scheduled appointments to avoid the missed appointment fee. \_\_\_\_\_

Please inform the front office staff of any upcoming medical doctor appointments so we may note it in your file. \_\_\_\_\_

Bay Physical Therapy and Sports Rehabilitation Center, Inc. dba  
**Bay Physical Therapy and Fitness Center**  
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As a courtesy, we will bill your primary and secondary insurance carriers. We do not bill tertiary. \_\_\_\_\_

We do our best to estimate your financial responsibility prior to treatment by contacting your insurance plan. The information provided to you is an estimate and we are not responsible for incorrect information. We *highly suggest* that you contact your insurance carrier and inquire about your benefits for physical therapy.  
\_\_\_\_\_

Our office collects copayments, coinsurance and deductibles at the time of service. The amount that we collect is considered an estimate until your insurance processes your visit and sends our office an explanation of benefits. \_\_\_\_\_

If we are not in-network with your insurance carrier, *benefits can be different and often can result in higher financial responsibilities*. It is the patient's responsibility to confirm network status. \_\_\_\_\_

Our office will make every effort to consistently schedule you with the same provider, however, there may be some days in which your therapist is unavailable and we may schedule you with another provider. \_\_\_\_\_

Our office does not permit spouses/friends or family to make changes to your appointment dates or times. We must speak directly to you. \_\_\_\_\_

I have read the above guidelines and I agree to adhere to them while I am being treated at Bay Physical Therapy. I understand that unpaid balances remaining on my account will accrue interest at 2% per month until paid in full.

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

Printed Name: \_\_\_\_\_