

# FINANCIAL POLICY AGREEMENT

Thank you for choosing **SPORTS REHAB AND PROFESSIONAL THERAPY ASSOCIATES**. We look forward to serving you. If you ever have any questions or concerns, please bring them to our attention.

**To allow you to achieve the most benefit from your therapy sessions, please note the following guidelines:**

1. We request advance electronic patient registration via our patient portal. If you do not have the ability to register electronically, paperwork will be provided to you. Paperwork submission is required prior to your initial evaluation.
2. Check in at the front desk upon arrival to each therapy appointment. We do not accept walk-ins due to insurance pre-authorization requirements.
3. **Please notify us with any changes to your insurance, physician, medical history, medications, etc.**
4. **Consistent attendance and adherence to the established treatment plan are extremely important for you to achieve the best outcome from your therapy.** Please *contact us with 24-hour notice* if you should need to cancel or reschedule your appointment. *If cancellations occur so frequently that your therapist feels you are not able to benefit from therapy, he/she may choose to discontinue further sessions. Should this happen, your physician will be notified. If you fail to cancel an appointment with 24-hour notice, you may be charged a \$25.00 fee.*
5. Failure to cancel an appointment is considered a “no-show.” *After a second no-show, you will be removed from any remaining scheduled appointments. Should this happen, you will need to contact us to reschedule. If you do not reschedule in less than 30 days from your most recently attended visit, you will be discharged from therapy and your referring physician will be notified. In the event of a no show, you may be charged a \$25.00 fee.*
6. We make every effort to start your therapy sessions on time. If you arrive late for a scheduled therapy session, you may be asked to reschedule.
7. If you are ever uncertain of your next therapy session date and time, please ask your therapist or our front desk staff.
8. Please keep your therapist informed of your scheduled physician appointments so we may update your physician on your progress with therapy.
9. Within your first few visits, your therapist will likely provide you with instructions and activities that you will need to do at home. **Your “home program” is critical to your success and will lead to the best possible outcome.**
10. Should any staff member suspect that you are under the influence of alcohol, non-prescription medication or illegal substances, you will be asked to leave our facility. You will be sent home by way of taxi or other safe means at your expense.
11. In the event of severe weather or other facility safety event closure, your appointment will be canceled/rescheduled. If you are uncertain whether the clinic is open or closed, please call 806-934-2634 before you drive to the clinic.
12. We are not responsible for any personal articles left in our clinic.
13. For questions regarding billing, to request a release of information or to set up a payment plan, please call our front desk.
14. **It is your responsibility to know what your individual insurance plan covers.** Some insurance plans limit the number of therapy visits or designate a therapy cap. Some insurance companies require a co-payment at the time of service. We will make every effort to assist you in determining eligibility when authorizing therapy benefits; however, you are encouraged to call your insurance company to verify your coverage, understand your benefits, and understand your financial obligations.
15. If the person receiving therapy is under the age of 18, we request that the parent/guardian remain in the clinic or provide a phone number in case of an emergency or in the event a session ends early.

**I have read and received a copy of the guidelines listed above and agree to abide by them.**

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**Patient Name** *(please print)*

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**Signature**

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**Relation** *(self, parent, guardian, etc.)*

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**Date**