



Clinic Policy and Financial Agreement

No Show & Cancellation Fee Policy

The policy of Olympic Sports and Spine Rehabilitation is to encourage you to notify us of the need to cancel an appointment **24 hours** before your scheduled appointment time. Your appointment time has been personally set aside for you, therefore we request that you arrive punctually for your scheduled appointment to avoid any unnecessary delays or inconvenience to other patients. Reminder calls for appointments are a courtesy only.

I understand that if I no show or cancel an appointment without at least **24 hours** advance notification, a \$25.00 fee will be applied to my account with reasonable consideration of circumstances, including an unforeseen emergency or illness. This fee is my personal responsibility, NOT the insurance company's. This fee must be paid prior to returning to therapy. Three No Show and/or Same Day Cancellations without prior notification may result in being discharged from our practice. Your physician and/or claims manager will be notified.

Olympic Sports and Spine Rehabilitation's goal is to improve access to physical therapy for all patients. We hope that by reducing missed appointments we can provide a greater level of service and access for you and other patients seeking care with our therapists. When an appointment is missed you are not following through with your treatment as prescribed by your physician. You also may be preventing another patient from receiving the care that they need. We thank you for your anticipated cooperation.

Financial Policy

A medical insurance policy is a contract between you and your insurance company. Your insurance company determines the amount you are responsible to pay based on your coverage plan. These amounts will be shown on the Explanation of Benefits you will receive from your insurance company. OSSR is contracted with most insurance companies and as a service to patients we agree to submit your bills directly to them. In order for us to bill your insurance company, we will ask for a copy of your insurance card. All patient co-payments and deductibles are due at time of treatment.

Please remember that when you receive our statements, you have already received quality health care from our therapists. Prompt payment upon receiving your statement is appreciated. We accept Cash, Check, Visa, Mastercard, American Express, and Discover Cards at your convenience.

Motor Vehicle Collisions

We will bill your Personal Injury Protection Insurance (PIP) as a courtesy to you. However, you are fully responsible for the bill. In the event that payment has not been made within 30 days, you will be required to make payment arrangements until the time of settlement, judgment, or payment by attorney or the automobile insurance company.

Department of Labor and Industries

As an injured worker, I understand that my physical and occupational therapy will be covered by the Department of Labor & Industries. However, if my claim is denied for any reason, I understand that I will be fully responsible for the total cost of my care.

In consideration of physical and/or occupational therapy services rendered to the patient noted below, I understand the No Show and Cancellation Fee policy. I also agree to pay all amounts due which are not paid by insurance on this account.

Date

Patient Name

Signature of Patient or Guardian