

Office Policy

Cancellations

Twenty-four (24) hour notice is required when canceling any appointment. We are able to provide appointments in advance, we request that you cancel appointments to make treatment time available to other patients. Treatment may be terminated for excessive absences if in the therapist's judgment a sufficient number of appointments have been cancelled to compromise a plan of care.

Tardiness

If a patient is late by 15 or more minutes for a scheduled appointment, treatment will be done at the discretion of the therapist. Treatment session may need to be adjusted or cancelled as appropriate.

Excessive Absence/No Shows

All patients are expected to attend their scheduled appointments. If a patient is discharged for excessive absence, NISMAT requires a new physician referral and the patient will be placed on the waiting list until an appointment becomes available.

Co-Payments

Co-payments are due at the start of each treatment session. Your co-pay is decided by your insurance provider and we are not permitted to waive co-payments. Authorization Coordinators are available to assist you with any questions regarding your co-payment. If you require a payment plan, you may speak with our billing department staff.

E-mail

By providing your e-mail address above, you are agreeing to receive at such e-mail address (1) e-mails requesting your participation in surveys about your care, and (2) e-mails providing you with information regarding access to the FollowMyHealth patient portal.

I have read and I understand the above-stated policies.

Patient Signature

Date

Informed Consent for Physical Therapy

Physical Therapy involves the use of many different types of physical evaluation and treatment procedures. At NISMAT, we use a variety of procedures to try and help improve your function. As with all forms of treatment, there are benefits and risks involved. The possibility exists that your condition may not improve or could get worse. Since the physical response to a specific treatment can vary widely from person to person, it is not always possible to accurately predict your response. Your treatment plan is based on your history, diagnosis, symptoms, testing results and functional needs. At any time you have the right to discuss with your therapist your treatment as well as the risks, benefits and likelihood of achieving your therapy goals. You have the right to decline any portion of your treatment at any time before or during your treatment session.

I acknowledge that my treatment program has been explained by NISMAT including the likelihood of achieving goals of care, and all of my questions have been answered to my satisfaction. I understand the risks associated with a rehabilitation program as outlined to me, and I wish to proceed.

Patient/Guardian Signature

Date

Print Name

Witness to Signature

Date

Print Name

DOB: _____