



PHYSICAL THERAPY
160 S. Beach St.

Daytona Beach, FL 32114
Phone (386) 252-2400 Fax (386) 252-2414

PERMISSION FOR TREATMENT

I understand that my doctor has prescribed therapy for me and that physical therapy is an ongoing process which requires regular attendance to be optimally effective. Consequently, I am aware that not attending scheduled sessions may be jeopardizing my progress.

APPOINTMENTS:

Please be on time for your appointments so that you may be given the full benefit of your scheduled treatment. Late arrival of greater time than 15 minutes may result in a shortened treatment or cancellation. We require advance notice of 24 hours for cancellation. **You will be charged a \$50.00 fee for appointments cancelled in less than 24 hours before the scheduled time or no shows.** Insurance will not pay this fee. It may be expected before your next appointment.

RESPONSIBILITY:

It is your responsibility to contact your insurance company to verify your coverage for outpatient physical therapy. You need to verify your percentage of payment per visit, any co-payments, deductibles and limits of visits per calendar year. We at Balanced Rehab will be glad to bill your insurance as a courtesy to you. But it is your responsibility for any portion not paid by insurance. If you need any assistance in this matter, please feel free to contact our business office or see the receptionist.

I have read and understood the above stipulations and agree to comply with the appointment policy. I hereby give Balanced Rehab permission to perform physical therapy as prescribed by my physician on myself or my child (if applicable).

IF YOU MUST BRING SOMEONE WITH YOU TO THERAPY, WE REQUEST THAT THEY REMAIN IN THE WAITING ROOM.

SIGNATURE OF PATIENT OR GUARDIAN (IF MINOR)

DATE