



Important Company Policies for a Successful Relationship

We strive to provide you the best personalized care available. To make this possible we adhere to a set of very important guidelines. Please read them carefully, initial all the boxes, and indicate your agreement by signing on the bottom of this form.

Late Policy “10-minutes”

Being late by more than 10 minutes will require you to either reschedule or wait for the next available opening. This will be at the therapist’s discretion as we do not allow lateness to compromise the care of another patient.

24-Hour Advance Notice Fee

If you wish to change or cancel an appointment we require a minimum 24-hour advance notice. Anything less will result in a \$20 fee charged to your account. We at Revive Physical Therapy are committed to your plan of care and encourage you to be as well. We encourage advance notice that allows another patient to reserve that appointment time. Please be courteous and responsible. Thank you.

Copays are due upon arrival

No-show Fee

No shows are treated as cancels without 24 hour notice and are therefore subject to a **\$20 fee**. After two no-shows your remaining appointments will be cancelled. You may reschedule appointments again after speaking with our office staff.

Please be courteous with cell phones

We realize emergencies may arise and therefore allow you to carry your cell phone during your session, however, please be courteous and set to silent mode or turn off. Thank you.

Please provide appropriate supervision for children.

We do not offer child care services, so please refrain from bringing children who require supervision to your appointment. Children that do not require constant supervision are welcome to wait quietly in the waiting area. If any disturbance is caused to other patients or staff members you may be asked to terminate your session early.

Financial Hardship

If you are experiencing financial difficulties and are unable to afford the cost of our services we have a “Financial Hardship Form” which may be filled-out. If you qualify for financial assistance according to the Federal guidelines, we may legally assist you by waiving or discounting your (patient responsibility) portions of the bill. Ask the front desk person for assistance.

We look forward to building a successful relationship with you that lasts a lifetime!

I have read and agree to all the policies on this form

Patient Name: _____

Patient Signature: _____

Date: _____