



Welcome to Our Clinic

On behalf of the entire staff, we would like to welcome you to our clinic. We are pleased to have the opportunity to assist you with your physical therapy care. Our goal is to provide the highest quality and most up-to-date physical therapy treatments available in a professional and caring manner. We are committed to helping you attain your rehabilitation goals. It is also our goal to provide you with outstanding service.

We would like to review a few of the office policies with you. We believe this will improve your understanding of how our office works, and will enable you to receive the maximum benefit from the physical therapy treatments you will receive.

Our office policies are as follows:

- Your appointment time begins at the time noted on the appointment list. Our goal is to keep your waiting time, to a minimum.
- Should you arrive past your appointment time, we will do everything we can to ensure you receive the maximum benefit from your program. Please understand our commitment to outstanding service extends to all of our clients.
- It is important to the recovery process that you keep all of your prescribed appointments. Should you need to cancel, kindly give 24 hours advance notice, or a \$25 fee will be imposed, *which is NOT covered by insurance*.
- We will call and verify your insurance to obtain pertinent information regarding your benefits. **However, it is your responsibility to be aware of any visit limitations or other stipulations your insurance may have regarding physical therapy. We are not responsible for inaccurate or mistaken information from the insurance company regarding your benefits.**
- We will provide your doctor with a report of your progress at the time of your follow up visit with him/her. Please notify us of your follow up appointment and any appointment changes that may occur so that we can prepare your report accordingly.

Thank you for choosing Jersey Physical Therapy. Should you have any questions or comments, please do not hesitate to contact us directly.

Signature: _____ Today's Date _____

Patient or Parent/Guardian (If Under 18)