



# Professional Physical Therapy and Associates Ltd. Co.

1316 S Ridgewood Ave (U.S. 1), Suite 1• Edgewater, FL 32132 • Tel: (386) 423-0100 • Fax: (386) 428-8631 • www.Proptfl.com

Welcome to Professional Physical Therapy and Associates in Edgewater, Florida. We are committed to providing you with the best rehabilitative care. We want to make your visits to Professional Physical Therapy as productive and pleasant as possible. In order to do so, we must ask for a commitment on your part. The most important factor is scheduling and attending physical therapy on a regular basis. It is very important to follow your medical team's plan, which includes the frequency and duration, to reach your maximal potential. In an effort to provide you with the highest quality of care, our staff will adhere to the laws and regulations governing their respective licensed professions. Every effort will be made to meet your needs and make your rehabilitation a positive experience. If for any reason you feel your needs have not been met or your rehabilitative process has not been positive, please communicate your comments or concerns with the clinic manager in order for appropriate action to be taken according to Professional Physical Therapy's policy and procedures.

If for some reason you find it necessary to cancel a visit, please call us within 24 hours of your appointment at (386) 423-0100 to reschedule your appointment as there is a time on the schedule reserved specifically for you. If at all possible, the missed therapy appointment should be made up within the same week. Cancellations are sometimes unavoidable, however, in order to enforce this policy you will be charged \$40.00 if you cancel an appointment less than 24 hours before your scheduled appointment time or if you do not attend a scheduled appointment. For your convenience, we are open Monday through Friday 7:00am until 5:30pm. Professional Physical Therapy is obligated to report all no-show and cancellations to your doctor and the involved insurance companies. Worker's Compensation patients must take extra precautions in attending physical therapy as treatment can be disrupted for non-compliance.

It is always the goal of Professional Physical Therapy to provide a professional and beneficial experience to the patient for whom we render service.

"I, \_\_\_\_\_, hereby agree and give my consent to receive medical treatment for my physical condition. I authorize release of any medical information needed to process my claim. I understand that I am responsible for any charges that are not covered by my insurance carrier. I understand that I am responsible to inform the office of any changes that occur. I authorize release of payment to **PROFESSIONAL PHYSICAL THERAPY AND ASSOCIATES LTD CO**, regardless of participation in or out of network. Should I default on my financial responsibility and collection action is necessary, I will be responsible for collection costs that are incurred. I acknowledge that I have received, read and understand the **NOTICE OF PRIVACY PRACTICES**.

**PATIENT / GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_