

Artemis Physical Therapy, PLLC Policies

Informed Consent

Physical therapy is a patient care service that is provided in order to manage a wide variety of conditions. Services are provided to individuals of all ages regardless of gender, color, ethnicity, creed, national origin, or disability. The purpose of physical therapy is to treat disease, injury and disability by examination, evaluation, diagnosis, prognosis and intervention by use of rehabilitative procedures, mobilization, manual therapy, exercises, aid the patient in achieving their maximum potential within their capabilities and to accelerate convalescence and reduce the length of functional recovery.

All procedures will be thoroughly explained to you before you are asked to perform them. Response to physical therapy intervention varies from person to person; hence, it is not possible to accurately predict your response to a specific modality, procedure, or exercise protocol. Artemis Physical Therapy, PLLC does not guarantee what your reaction will be to a specific treatment, nor does it guarantee that the treatment will help resolve the condition that you are seeking treatment for. Furthermore, there is a possibility that the physical therapy treatment may result in aggravation of existing symptoms and may cause pain or injury. It is your right to decline any part of your treatment at any time before or during treatment, should you feel any discomfort or pain or have other unresolved concerns. It is your right to ask your physical therapist about the treatment they have planned based on your individual history, physical therapy diagnosis, symptoms, and examination results. Consequently, it is your right to discuss the potential risks and benefits involved in your treatment.

Photographs may be taken during initial evaluation, progress evaluation and discharge summary. These will be used for physical comparison purposes and as educational tools. By signing below I consent to the use of these photographs in a professional manner.

Cancellation and No Show Policy

It is required that all cancellations occur at least 24 hours prior to your scheduled appointment time. When you schedule an appointment with Artemis Physical Therapy, PLLC you make a commitment to your health. In turn, we guarantee that time is reserved solely for you. Missed appointments can interfere with your progress in treatment. Also, when an appointment is missed without cancelling within a 24 hour time period, the physical therapist does not have the opportunity to offer that time to someone else in need of services.

To ensure that Artemis Physical Therapy best meets the needs of all, it is our policy that patients are responsible for all appointments they have scheduled. If you do not cancel prior to 24 hours of your appointment or you do not show up for your appointment then the cost of the service will be charged to your credit card. You will be asked to provide a valid credit card when scheduling your first appointment and that credit card will remain on your account indefinitely. It is the responsibility of the client to be on time for their service and the entire fee for the scheduled service will be charged even if the client is late and does not receive the full treatment.

This cancellation policy is for all types of appointments. Extenuating circumstances and special situations will be reviewed on an individual basis per the discretion of Artemis Physical Therapy, PLLC.

Payment Policy

Your initial evaluation is \$140 and follow-up treatment sessions are \$112. Payment is due at the time of service. Payment, in the form of cash, check or credit card, is due at the time of each visit.

Artemis Physical Therapy, PLLC values relationships with patients' not insurance companies. We do not contract with any insurance companies. However, the payments you make may be reimbursable by your insurance company under your out-of-network physical therapy benefits; the exact percentage depends upon your plan. Due to the complex nature of insurance claims and reimbursement, Artemis Physical Therapy, PLLC cannot guarantee as to whether you will receive reimbursement. We will provide you with the documentation necessary to submit reimbursement and will assist you in every way possible

I have read this consent form and understand the risks involved in physical therapy and agree to fully cooperate, participate in all physical therapy procedures, and comply with the established plan of care. I do hereby agree and give my consent for Artemis Physical Therapy, PLLC to furnish care and treatment that is considered necessary and proper in diagnosing and treating of my physical condition. I verify that I have read and understand the cancellation/no show and payment policy



X

X

Date