

Oncology Rehabilitation Specialists, Inc.
1239 120th Ave NE, Suite E, Bellevue, WA 98005 (425) 467-7105
Office Information Policy and Consent Form

Please read this form and sign below. Upon request, you will be provided with a copy of it for your records.

Insurance

Billing your insurance is a courtesy provided to you by Oncology Rehabilitation Specialists, Inc. at no additional cost, and does not relieve your financial responsibility. While you will receive an explanation of benefits, prior to initiating treatments when possible, this is not to be understood as a guarantee of coverage. You are expected to have an understanding of your own insurance coverage, and will be responsible for all deductibles, co-pays and services not covered by your insurance carrier. A 1% (12% APR) finance charge may be assessed to your account if a balance remains unpaid after 60 days.

Pay at time of Service/No Insurance

If you wish to be seen by us and not bill your insurance, or if you do not have insurance to cover our services, we ask for payment at the time of service. If you use this option, please remember that, though you will receive a receipt if requested, we will not produce any formal billing form for your insurance.

Compliance

The relationship between patient and physical therapist at Oncology Rehabilitation Specialists, Inc. is considered one of mutual effort, with the goal of restoring the patient to optimal comfort and function. Your therapist has the responsibility to instruct and guide you in appropriate activities designed to bring you optimal recovery. You, in turn, have the responsibility to comply to the best of your ability with those prescribed activities. Failure to do so can result in minimal recovery, and may be reason for termination of the physical therapy treatment.

Cancellation Policy

Patients are seen on a one-on-one basis by appointment only. This time is specifically reserved for you. Your therapist has determined a schedule of visits that will bring maximum benefit from both your and your therapist's time and energy. It is important therefore, that you do your best to adhere to the determined schedule. We will do all that we can to accommodate your scheduling needs. In return, we ask that you notify us at least 24 hours in advance whenever possible if you need to re-schedule or cancel your appointment. **If more than 2 visits are cancelled or missed without 24-hour advanced notice, you will be charged \$100 for the 3rd and subsequent missed visits. That charge will be billed directly to you, not to your insurance company.** We also reserve the right to discontinue scheduling further visits at that point.

By signing below, you are:

- Accepting financial responsibility for your account.
- Authorizing payment of any medical benefits from your insurance company to be sent directly to Oncology Rehabilitation Specialists, Inc.
- Authorizing the release of any medical information necessary to process insurance claims.
- Agreeing that you have read, understood and received a copy of the Notice of Privacy Practices provided to you by Oncology Rehabilitation Specialists, Inc.
- Consenting to such treatment and patient care, which in the judgment of your therapist and/or physician, may be considered necessary or advisable while a patient at Oncology Rehabilitation Specialists, Inc.

Regarding my request for Physical Therapy and my responsibility, I have read the above, understand it, and agree to its terms.

Date

Signature of patient or responsible party