

Integrated Physical Therapy, Inc.
20815 N 25th Place, Suite 100
Phoenix, Az 85050 Phone (602) 374-2760 Fax: (602) 354-8184

POLICIES

Welcome to Integrated Physical Therapy. We are looking forward to providing you with the highest quality rehabilitation service possible. To better serve you, we would like to inform you of some of our policies.

REGISTRATION When you arrive for your appointment, sign in (use the physical therapy sign in sheet) at the front desk of the waiting area. Fill out necessary paperwork and wait in waiting room area until your therapist is ready for your evaluation or a staff member escorts you to the back. Do not wait more than 10-15 minutes without reminding the front office staff that you have been waiting.

PAYMENT FOR SERVICES Traditionally, payment is due at the time services are rendered. To simplify payment, we can accept payment on a weekly basis rather than at each visit. Please make your payment at the end of your last physical therapy appointment for the week.

PAYMENT FOR SUPPLIES We will request payment in full for the cost of any supplies that your insurance does not cover. Payment may be made at the time of your weekly payment.

SCHEDULING You can schedule appointments with the receptionist for the following week at the time of your first visit each week. We will try to schedule the most convenient appointment time for you. However, appointment times are limited and we are not always able to schedule appointments for more than one week in advance.

PUNCTUALITY To assure the smooth operation of our facility, it is critical that we stay on schedule. If you are going to be late for your appointment, please call, as we may need to reschedule your appointment, to guarantee the highest quality care for all of our patients. If you are not able to keep your appointment, please call and let us know ahead of time.

NO SHOW / NO CALL You must give 24 hours notice if you are unable to keep your scheduled appointment time. You may call after hours and leave a message for your cancellation. If you fail to show or cancel your scheduled appointment in a timely manner, a \$25.00 charge will be billed directly to you and you will be responsible for those charges. (Some extenuating circumstances will be taken into consideration.)

PERSONAL ARTICLES The clinic cannot accept responsibility for lost or stolen articles in physical therapy. Please take responsibility for your personal items (jewelry, purses, wallets, glasses, books, etc.)

Your cooperation in these matters is greatly appreciated. If you have any questions, concerns or suggestions, please let us know.

I have read and understand the policies of Integrated Physical Therapy,

Guardian/Patient's Signature

DATE