



Mullis & Associates

PHYSICAL THERAPY

EXPERIENCED. CONVENIENT.

POLICIES SIGNATURE FORM

Thank you for choosing Mullis and Associates Physical Therapy for your physical therapy needs. We are committed to providing you with the highest quality of care and the best possible customer service. With that in mind we have created this sheet to make sure that you understand all of the below policies and to prevent any of them from interfering with your care.

Please sign below after reading.

- I understand that I am responsible for understanding the physical therapy benefit available to me under my insurance plan.
- I understand that I will be personally responsible for all deductible and/or co-payment expenses.
- I understand that all co-pays will be due at the time of service.
- I agree to assume financial responsibility for any charges not covered by my insurance plan.
- I understand that I am responsible for obtaining all physician referrals and prescriptions needed for insurance coverage.
- Medicare patients will be responsible for getting their physical therapy plan of care certified by their physician.
- I understand that Mullis and Associates Physical Therapy will NOT bill my attorney directly. I understand that all claims will be submitted directly to the insurance carrier and that I will provide Mullis PT with the appropriate information. Mullis PT will forward copies of bills and notes to my attorney upon my written request.
- I understand the importance of giving 24 hours notice, if I must cancel my appointment, as cancellations and no-shows negatively affect others that are in need of appointments.
- I understand that if I cancel my appointment within 24 hours, or fail to show up for an appointment at the scheduled time, I will be charged a \$35 cancellation fee.
- I understand that if I am consistently late or miss more than two appointments, I may be discharged from therapy, as therapy cannot be successful unless I attend and participate fully.

I have read and understand all of the above policies (If under 18, a parent or guardian must sign).

Signature: _____ **Date:** _____

Printed Name: _____