



Welcome to our hand therapy clinic. We look forward to serving you.

Due to many ongoing changes in insurance coverage, we find it necessary to advise you to check on your insurance plan coverage. We are unable to quote benefits to you but you may find one or more of the following conditions:

- The need for a primary care referral in addition to the specialist that referred you.
- Coverage limited to a specific dollar amount or limited number of visits.
- No coverage for supplies or equipment including splints/orthoses and bandages.
- Coverage for Physical Therapy only. As we employ both Occupational and Physical Therapists, we will be able to accommodate you if we know this information in advance.

**Please call your primary and secondary insurance companies and let us know if special provisions are needed for billing.**

We ask the courtesy of 24 hours notice for canceled appointments. If we do not receive 24 hours notice, a \$50 fee will be assessed to your bill. If it is an On the Job Injury claim, you will be billed personally, your claims manager will be notified and it may affect your benefits.

Thank You!

Please print name of Patient: \_\_\_\_\_

Patient/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BY SIGNING HERE YOU ARE ACKNOWLEDGING YOU HAVE RECEIVED OUR NOTICE OF OUR PRIVACY PRACTICES.** \_\_\_\_\_

Please list any other parties who can have access to your health information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_