

WETZLER INTEGRATIVE PHYSICAL THERAPY CENTER

Appointment and Insurance Policy

To all new and existing patients,

Wetzler Integrative Physical Therapy Center strives to provide the very best service to our patients in every possible way. We provide the very best care along with reminders of your appointments as a courtesy. However, it is your responsibility to keep track of all of your appointments. Due to our waitlist our appointment cancellation policy is as follows:

We require a 24 hours notice of cancellation; a message machine is available 24 hours a day for your convenience. Otherwise you will be charged for the full session.

If less than 24 hours notice, because of an emergency, it will be left to your Therapist's discretion on whether to waive the fee or charge a partial of \$50.00.

Our missed appointment policy is if 1 appointment is missed you will be charged for a full session. After 2 no shows, we will send you a notice letter reminding you of our policy. If 3 appointments are missed without a call to our staff (no show) you will automatically be discharged from our office.

This applies to all Physical Therapy, Pilates, Feldenkrais, and Massage Therapy appointments. This charge will be your responsibility and will not be paid by your insurance company.

In consideration of our Insurance and Financial policies, our clinic will process some PPO insurance claims as a courtesy to our patients. We are non-contracted with all insurance companies and are considered as a out of network service provider. We cannot guarantee that your insurance company will pay for our services. Therefore, the entire balance on an account remains always the sole responsibility of the patient. We recommend that you take the time to read over your policy and contact your insurance carrier if you have any questions regarding your coverage.

You will be responsible for deductible amounts and/or co-insurance percentages at the time of each visit. If you do not have insurance, without exception, full payment will be due the same day of your visit. If you cannot make a payment at the time of visit, you may reschedule your appointment.

Signature: _____ Date: _____

Printed Name: _____

Relationship to patient