

# ***NORTHEAST REHABILITATION, INC.***

## **HAND THERAPY, ORTHOPEDIC AND SPORTS PHYSICAL THERAPY**

### **Physical Therapy Attendance Policy**

Northeast Rehabilitation Inc. is dedicated to patient satisfaction and the highest quality care while attempting to accommodate your treatment schedule. Therefore, we provide reserved appointments for each patient in order to minimize waiting and assure the continuity of treatment. Only 2 visits are scheduled each hour (at times due to unexpected increase in volume you may see more patient scheduled, but it is infrequent). Your consistent attendance is vital to your recovery. Please adhere to the duration and frequency of your physical therapy treatment per your physician's prescription.

Cancellations, along with no-shows, decrease our ability to accommodate the scheduling needs of other patients. Also cancelling with very short notice does not give us enough time to schedule other patient which results in financial loss for us. Your full cooperation is required with the following policy:

- If you are unable to keep a scheduled appointment, please notify our office 24 hours in advance via phone: (845)623-6566 or email: [northeastrehab@gmail.com](mailto:northeastrehab@gmail.com)
- All cancellations and no-shows will be documented in your medical record and appropriately reported to your physician, insurance company, case manager and/or employer
- If you acquire 3 or more cancellations or no-shows, your therapist may refer you back to your physician before scheduling another appointment or may choose to discharge you from therapy and report this back to your physician.

### **Referral and Prescription Policy**

Insurance regulations require that referrals and prescriptions be presented to your physical therapist at the time of your initial visit.

### **Payment Policy**

Copays or fees for service are due and payable at the time of service. Non-compliance may cause an interruption in your treatment schedule.

I acknowledge and understand the above:

\_\_\_\_\_  
(Signature of Patient/Guardian/Responsible Party)

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Date)

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305 Route 17 South Unit 3-100A, Paramus, NJ 07652

[www.northeastrehabinc.com](http://www.northeastrehabinc.com)

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