

Outpatient Therapy Orientation v3.0

METT THERAPY POLICIES FOR TREATMENT AND SCHEDULING

- Patients are responsible to know their insurance benefits. Each provider has differences in coverage.
- Verify your insurance coverage includes **FRANCISCAN St. James Health** as a service provider.
- Please notify the front desk staff of any changes to your insurance. This should be checked each month to ensure proper coverage.
- **NO CELLULAR PHONE USE IS ALLOWED IN OUR FACILITY – PLEASE TURN THEM OFF**
- Proper attire is required for therapy treatment. You will need to be able to expose the area of injury for treatment.
- Proper footwear is required for therapy treatment. **No high heels.**
- **Patients only** will be allowed in the treatment area. **Guests** will wait in the lobby during the time of treatment.
- Appointment times are important to effectively treat your condition by our therapy staff. Please arrive 15 mins. before your appointment time to ensure a full treatment can be provided.
- Please sign-in for each visit you attend.
- Please check-in with the front desk if you arrive late or very early for your visit, so they can notify the therapist.
- Appointment scheduling at the front desk is the responsibility of the patient. Appointments can be scheduled after the time of the initial evaluation and a plan of care is established with the treating therapist.
- We require **24-HOUR NOTICE** for any cancellation of an appointment. A fee will be charged for failure to comply. \$50.00 for an evaluation. \$25.00 for a missed appointment.
- If you must cancel appointments, please attempt to reschedule the appointment the same week or add a visit to the following week to make up the missed appointment.
- Attendance is needed to effectively treat your condition. **3 cancellations, no shows or any combination within 30 days will result in termination of your therapy program.** Your appointments will be cancelled and you must return to your physician to restart your therapy.
- Worker's compensation patients, who fail to comply with the physician's recommended appointments, will have their governing parties notified for each appointment cancelled or not attended.
- Please inform your therapist of all return visits to your physician.
- My signature below indicates my willingness to comply with these policies and procedures.

I have read and agree to comply with the above policies and procedures of FRANCISCAN St. James Health.

Patient signature

Date

I have read and agree to comply with and my child will comply with the above policies and procedures of FRANCISCAN St. James Health.

*Guardian signature ***FOR PATIENTS UNDER THE AGE OF 18****

Date

 **Franciscan**
ST. JAMES HEALTH

OUTPATIENT REHABILITATION SERVICES
THERAPY ORIENTATION

PATIENT LABEL MUST
BE PLACED WITHIN
THIS BOX

