



## *Information Sheet*

Thank you for choosing ProFormPT as your rehab provider. It is our goal to provide the highest quality care possible, one patient at a time.

### **Insurance:**

As previously stated, we accept all insurance as payment in full, with the exception of any co-payments/co-insurances and deductibles. If you have any questions regarding this, please let us know.

### **Co-Payment/ Co-insurance:**

**MOST INSURANCES REQUIRE CO-PAYMENT FOR PHYSICAL THERAPY**

According to your insurance company, you have a co-payment of:

\_\_\_\_\_

Your co-payment is kindly expected **each visit**, via check, cash, debit, or credit.

### **Appointments:**

In order to deliver our one-on-one therapy, we schedule appointments every 30-60 minutes. Maximizing our schedule is therefore, very important. Please let us know at least 24 hours in advance if you cannot make your appointment. This will allow us to maintain this high quality, personalized care. **Failure to give this notice of cancellation as well as no-shows will incur a \$15 cancellation fee.**

### **Home Exercise Program:**

Since you are only in therapy approximately 3 hours per week, you will be given a program to perform on your own. Your success is proportional to the effort you put into your home program. Please make this a priority.