

ADVANCE Orthopedic & Sports Therapy, PC

Patient Policies

Scheduling

Cancellations: AOST requires a 24 hr cancellation notice. At that time, we will make every effort to reschedule your appointment for another time and/or date if possible. If you arrive more than 15 min late for your appointment, we may be unable to treat you. **No Shows:** If you need to cancel or reschedule an appointment, please contact our office (978-452-3453) as soon as possible. If you miss a session without calling, call with less than 24 hours' notice, or cancel after Saturday for a Monday appointment, you may be billed for the session. **The fee for a missed appointment is \$50.00. It is important to note that insurance companies cannot be billed for missed or cancelled appointments.**

Referrals

It is your responsibility to contact your primary care provider and obtain a Physical Therapy Referral from your insurance company, if needed. By signing below, you acknowledge that any dates of service not covered by a referral will be your financial responsibility. **Please Note:** Doctors Orders and Insurance Referrals are **two different documents. Doctors Order/Prescription:** states that your doctor wants you evaluated and treated for a certain diagnosis. **Referral:** authorization from your insurance company for your treatment.

Patient Payments

All patient copays, deductibles or co-insurances are due at each appointment. It is your responsibility to know if you have a copayment, deductible or coinsurance for your treatment.

Consent to Treatment

I, the undersigned, do hereby agree and give consent to AOST to perform a Physical Therapy Evaluation and Treatment for _____

(Patient's Name) that is considered medically necessary.

Patient/Guardian Signature

Date