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Office Policy

Welcome to our therapy office. Our therapists have had extensive experience and specialized training and together with your physician, will assist you in your recovery.

Your insurance plan may require a co-payment for treatment. If you like, you may pay multiple co-pays for the week. We accept cash and checks for payment only.

Your insurance is a contract between you and your insurance company. We are not a party to that contract. We will bill your insurance plan as long as you provide us with the correct information. Please note that most insurance companies do not cover 100% of therapy visits, and there may be a portion or possibly all of your visits for which you will be responsible. Also, even if your physician is a preferred provider on your plan, our therapists may not be. We strongly recommend that you call your insurance and check your coverage for therapy, using the insurance verification worksheet. If your plan requires a referral please make sure we have a current one on file or we may not receive payment by your insurance and the bill will come to you. If you do not have insurance, full payment is expected at time of treatment unless you have made other payment arrangements in advance. All durable medical equipment including ice packs, bands, tape, etc. purchased by you is billed directly to you.

In the event that your benefits do not cover our physical therapy services and fees, please remember that you are responsible for the total cost of your treatment. Our fee structure is designed to be reasonable and competitive and we are more than willing to answer any questions you may have regarding fees. Greenlake sports physical therapy charges interest on unpaid balances. Accounts not receiving payments after 90 days could be subject to collection with Renton Collection Agency and a collection fee.

Cancellation Policy

We understand some cancellations are unavoidable.

However, as your cancellation directly affects another patient's ability to schedule an appointment, we require 24 hours notice. If you fail to contact us by phone or voice message 24 hours in advance of a cancellation, or if you fail to appear for a scheduled appointment ("no-show") you, (not your insurance) will be charged a \$50 cancellation or no-show fee. If you "no-show" or late cancel for 2 or more scheduled appointments, we reserve the right to schedule your future appointments on a stand-by basis only or discontinue treatment with you as a patient in our clinic.

Furthermore, if you realize you are going to be more than 10 minutes late for your scheduled appointment time please call and let the front desk know. Depending on the therapist's schedule your appointment may need to be rescheduled to a later time or the following day. If you cannot be rescheduled, it will be counted as a late cancellation and there will be a \$50 fee.

If you are more than 10 minutes late on repeated occasions, we reserve the right to discontinue your treatment.

Please understand that these policies and fees are not ways to increase our profits. As a courtesy, we are not charging the full cost of your appointment. We are a small business that believes in high quality, attentive patient care. We cannot maintain those high standards if appointments are repeatedly missed or started late.

I _____ understand that if i do not give 24 hours notice for an appointment I cannot attend I may be charged a \$50 fee as it is unlikely that the appointment can be filled on short notice. I also understand that if I am more than 10 minutes late to an appointment I may not be able to be seen at my scheduled time and also charged a \$50 fee.

Signature of patient or guardian over 18

Date