



## **Core Physical Therapy Patient Participation Agreement**

The Marin IPA has authorized physical therapy for you. Your wellbeing is extremely important to us, and your cooperation is requested to insure the best care possible.

Your physician has prescribed therapy for the treatment of an injury or medical condition. Your healing process will occur gradually over time and does require your dedicated commitment.

In order to maximize the benefits of therapy, it is important that you keep your therapist informed of the effects of any treatment technique so appropriate modifications may be made. You will also have to assume the responsibility for participating in a home exercise program and for making the necessary behavioral changes that will support your body in the healing process.

It is essential for you to keep your appointments. Your assistance is necessary in order to maximize the outcome of your health plan rehabilitation benefit. Facilitating your healing is a mutual goal; please assist us by making arrangements to keep all of your scheduled appointments. For this reason, please note the following policies:

### **Cancellations and No Shows**

- A 24 hour notice for cancellations is requested.
- You will be charged your office co-payment fee for missed appointments.
- If you do not call or show up for 2 appointments, you will be discharged from therapy in order to accommodate other patients and your doctor will be notified.

**Please be aware:** If there is a 2 week or greater lapse between appointments that is not prescribed by your doctor or medically necessary you will be discharged from therapy. A physical examination by your doctor and a new physical therapy prescription is required prior to your return. Additionally, your insurance plan will review this new request to determine the medical necessity of continued physical therapy.

Please bring this agreement along with your physician's prescription to your first physical therapy appointment. Thank you.

I have read and agree with the Physical Therapy Participation Agreement.

Date: \_\_\_\_\_ Patient Signature \_\_\_\_\_