



PATIENT AGREEMENT

- New York State law requires that patients obtain a written prescription before initiating treatment by a licensed physical therapist if they are to use their insurance benefits to pay for treatment.
 - All visits are by appointment only and generally last about an hour.
 - We request that patients call if they are going to be late. If a patient is more than 15 minutes late for an appointment, Brooklyn Body Works PT, PC reserves the right to cancel the appointment. Remember, this is your scheduled time and the therapist's time is just as valuable as your own time.
 - The patient is responsible for all co-payments and deductibles prior to receiving treatment.
 - We request **24 hours** notification in the event of a cancelled appointment.
 - BBWPT, PC reserves the right to charge a **\$50.00** cancellation fee for late cancellations or no-show appointments (no phone call prior to cancellation).
 - Should a patient cancel or no-show repeatedly within the course of treatment, the patient may be taken off the schedule and may forfeit all future appointments. Workman's compensation and no-fault patients also risk losing their benefits for physical therapy services and/or may face other legal consequences for non-compliance with care.
 - Patient is responsible to inform BBWPT, PC of any changes in insurance coverage prior to that change. If the patient fails to inform BBWPT, PC of a change in insurance coverage, the patient will be held responsible for any unpaid claims related to a lapse or change in benefits. This includes MEDICARE patients who are under Home Health Care or those who choose a Medicare Advantage plan.
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_____ I understand that I am responsible for my deductible, co-pays and all late cancellation or no-show fees.

_____ I hereby state that I am not eligible for NYS No-Fault or NYS Workman's Compensation Insurance.

_____ I agree to inform BBWPT, PC of any changes in my insurance coverage or benefits prior to the effective date of these changes.

I agree to treatment on the above terms.

Name: _____ Date _____

Signature _____